



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

**AGENDA**

**THURSDAY, MAY 6, 2021**

**CLOSED SESSION 5:30 P.M.**

**REGULAR SESSION 6:00 P.M.**

**HELD VIA ZOOM VIDEOCONFERENCE ONLY**

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

<https://sonomavalleyhospital-org.zoom.us/j/96762690659?pwd=T0NjcZVGZFNFUW0vbWEvNk1Gc09mdz09>

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

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

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

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Vivian Woodall at <a href="mailto:vwoodall@sonomavalleyhospital.org">vwoodall@sonomavalleyhospital.org</a> at least 48 hours prior to the meeting.</p>	<b>RECOMMENDATION</b>		
<b>AGENDA ITEM</b>			
<p><b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<b>1. CALL TO ORDER</b>	<i>Rymer</i>		
<b>2. PUBLIC COMMENT ON CLOSED SESSION</b>			
<p><b>3. CLOSED SESSION</b></p> <ul style="list-style-type: none"> <li>a. <u>Calif. Government Code § 54956.9(d)(1)</u>: Conference Regarding Existing Litigation – One Case, Case Name Unspecified</li> <li>b. <u>Calif. Government Code § 54956.9(d)(4)</u>: Conference Regarding Potential Litigation and Decision Whether to Initiate Litigation – One Potential Case</li> <li>c. <u>Calif. Government Code § 37606 and Health and Safety Code § 32106</u>: Trade Secret Regarding Proposed New Services</li> </ul>			
<b>4. REPORT ON CLOSED SESSION</b>	<i>Rymer</i>	Inform	
<p><b>5. PUBLIC COMMENT</b> <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</i></p>			

<i>agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>			
<b>6. BOARD CHAIR COMMENT</b>	<i>Rymer</i>	Inform	
<b>7. CONSENT CALENDAR</b> a. Board Minutes 04.01.21 b. Finance Committee Minutes 03.23.21 c. Quality Committee Minutes 03.24.21 d. Policies and Procedures e. Medical Staff Credentialing	<i>Rymer</i>	Action	Pages 3-5 Pages 6-8 Pages 9-10 Pages 11-12
<b>8. VOTER SURVEY RESULTS PRESENTATION</b>	<i>Morhous/ Kenney</i>	Inform	Pages 13-33
<b>9. HUMAN RESOURCES ANNUAL REPORT</b>	<i>McKissock</i>	Inform	Pages 34-52
<b>10. FINANCE COMMITTEE QUARTERLY REPORT</b>	<i>Boerum</i>	Inform	
<b>11. RECOMMENDATION TO APPOINT WENDY LEE TO FINANCE COMMITTEE</b>	<i>Boerum</i>	Action	Pages 53-57
<b>12. QUALITY COMMITTEE QUARTERLY REPORT</b>	<i>Mainardi/Jones</i>	Inform	Pages 58-60
<b>13. RESOLUTION NO. 356 DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY AND BANK SIGNATURE AUTHORITY</b>	<i>Jensen</i>	Action	Page 61
<b>14. ENCRYPTED EMAIL UPGRADE</b>	<i>Sendaydiego</i>	Action	Pages 62-63
<b>15. CMO REPORT</b>	<i>Kidd</i>	Inform	Pages 64-65
<b>16. ADMINISTRATIVE REPORT FOR APRIL 2021</b>	<i>Hennelly</i>	Inform	Pages 66-68
<b>17. FINANCIALS FOR THE MONTH ENDED MARCH 31, 2021</b>	<i>Jensen</i>	Inform	Pages 69-77
<b>18. BOARD COMMENTS:</b> a. Report on City of Sonoma Emergency Services Meeting	<i>Rymer Boerum</i>	Inform Inform	
<b>19. ADJOURN</b>	<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, APRIL 1, 2021

**HELD VIA ZOOM VIDEOCONFERENCE**

	<b>RECOMMENDATION</b>	
<p><b>MISSION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p><b>1. CALL TO ORDER</b></p>	<i>Rymer</i>	
<p>The meeting was called to order at 6:00 p.m.</p>		
<p><b>2. PUBLIC COMMENT ON CLOSED SESSION</b></p>		
<p><b>3. CLOSED SESSION</b></p> <p>a. <u>Calif. Government Code § 54956.9(d)(1)</u>: Conference Regarding Existing Litigation – One Case, Case Name Unspecified</p> <p>b. <u>Calif. Government Code § 54956.9(d)(4)</u>: Conference Regarding Potential Litigation and Decision Whether to Initiate Litigation – One Potential Case</p>		
<p><b>4. REPORT ON CLOSED SESSION</b></p>		
<p>The Board met to discuss two potential litigation issues: one was discussed and no decisions taken, and one was rejected as being untimely.</p>		
<p><b>5. PUBLIC COMMENT</b></p>	<i>Rymer</i>	
<p>Mr. Peter Hohorst spoke about the passing of Dr. Robert Cohen and his true legacy of the new ER. In attending weekly meetings of the design-build team for the new wing, Robbie insisted on an increase in the number of beds and space for two ambulances, line of sight from the nurses' station to all rooms, a separate consultation room, a private room for physicians' dictation, a private corridor for transporting patients, and he had a hand in adding the kids' playroom. All these things combined to make it special. Thank you, Robbie!</p>		
<p><b>6. BOARD CHAIR COMMENTS</b></p>	<i>Rymer</i>	
<p>Mr. Rymer mentioned the community recently lost Dr. Robbie Cohen, former SVH Chief Medical Officer.</p> <p>Regarding critical access hospital status, SVH has begun having conversations to restart that project; it is a long shot and not an easy one. One key to success is finding a Republican Senator to help support it. Thank you to Steve Pease, Paul Leach, and several others who have offered to help. Also, Mike Thompson's legislative aide asked SVH to put in an earmark request for the next congressional fiscal year.</p>		

<b>7. CONSENT CALENDAR</b>	<i>Rymer</i>	
<ul style="list-style-type: none"> <li>a. Board Minutes 03.04.21</li> <li>b. Finance Committee Minutes 02.23.21</li> <li>c. Quality Committee Minutes 02.24.21</li> <li>d. Policies and Procedures</li> <li>e. Medical Staff Credentialing</li> </ul>		
		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Kornblatt Idell. All in favor.
<b>8. PATIENT CARE SERVICES/PERIOPERATIVE SERVICES ANNUAL REPORT</b>	<i>Kobe</i>	
<p>Mr. Kobe gave a brief biography of Dr. Robbie Cohen. There are so many positive things to say about him. For many families he was a part of their life from birth to passing. He was crucial in the design of the new ER. He was a huge supporter of staff and gave over 30 years of service to SVH and the community. He never wavered in his humanity and wore his heart on his sleeve. The entire medical staff and hospital employees send heartfelt regards to his family.</p> <p>He then gave his annual report on patient care services highlighting the many challenges the hospital faced in 2020.</p>		
<b>9. COMMUNITY PERCEPTION SURVEY RESULTS</b>	<i>Kenney</i>	
<p>Mr. Kenney reviewed the results of the recent community perception survey and noted the following conclusions, among others: The overwhelming majority of Valley residents recognize how essential it is to have an ER (93%) and hospital (84%) in their community. The affiliation with UCSF is a notable asset for the hospital. People who have visited the hospital recently are more favorable towards it (81%) than those who have not visited for some time.</p>		
<b>10. CHIEF OF STAFF REPORT</b>	<i>Brown</i>	
<p>Dr. Brown presented the chief of staff report. Medical staffing needs are currently gastroenterology, ENT and urology. He reviewed the HCAHPS physician scores which had all declined in 2020 from 2019 and discussed the quality initiatives planned to improve those scores.</p>		
<b>11. UNISON AMENDMENT TO ENERGY SERVICES AGREEMENT</b>	<i>Drummond</i>	
<p>Unison will cover 100% of the cost of the energy project. However, in the Amendment they are asking the hospital to finance \$150,000 over time, which changes what the net benefit is over the length of the project. When the project is complete, SVH can remain operational during public safety shutdowns. The engine is powered by natural gas which is not affected by electricity. The Finance Committee gave its unanimous recommendation to approve the project.</p>		<b>MOTION:</b> by Boerum to approve, 2 <sup>nd</sup> by Bjorndal. All in favor.
<b>12. CMO REPORT</b>	<i>Kidd</i>	
<p>March has seen SVH turn the corner on COVID, going three weeks without an inpatient admission. The hospital has had a higher patient census without COVID as well as a recent uptick in the ER.</p>		

Vaccinations continued with health partners in the Valley, serving over 4500 individuals with both shots. SVH is now doing 100% in-house testing, which will help change the financial picture as well. Sonoma County is out of purple tier for the first time, and the hospital is able to welcome visitors which should help patient satisfaction.		
<b>13. ADMINISTRATIVE REPORT FOR MARCH 2021</b>	<i>Kidd</i>	
The CT go live date has been moved to May. SVH is still working with UCSF on a solution to ongoing IT support.		
<b>14. FINANCIALS FOR THE MONTH ENDED FEBRUARY 28, 2021</b>	<i>Jensen</i>	
Mr. Jensen reviewed the payer mix for February. The cash collection goal was \$2.9 million and \$3.4 million was collected. The February shortfall of \$767,000 was covered in March. Days' cash on hand were 31.9, A/R days were 49.9, A/P were \$3.5 million, and A/P days were 47.6. Gross patient revenue was down by \$2.7 million due to volume. Most hospital ERs have been seeing a 25% loss in volumes, whereas SVH has had a 15% loss. Total operating revenue was \$3.4 million on a budget of \$4.5 million. The operating margin was (\$972,000) on a budget of (316,000). Net loss for the month was (\$480,000) vs. budget of \$485,000. The cash forecast is projected to end June 2021 with 57 days' cash.  Loss mitigation steps included bringing COVID testing back inhouse and a freeze on filling posted positions.		
<b>15. BOARD COMMENTS</b>	<i>Board</i>	
None		
<b>16. ADJOURN</b>	<i>Rymer</i>	
Adjourned 8:00 p.m.		



**SVHCD**  
**FINANCE COMMITTEE MEETING**  
**MINUTES**  
**TUESDAY, MARCH 23, 2021**  
**Via Zoom Teleconference**

Present	Excused	Staff	Public	
Bill Boerum via Zoom Joshua Rymer via Zoom Subhash Mishra, MD via Zoom Bruce Flynn via Zoom Art Grandy via Zoom	Peter Hohorst	Ken Jensen, CFO and Interim CEO, via Zoom Sabrina Kidd, CMO and COO, via Zoom Sarah Dungan via Zoom Kimberly Drummond via Zoom	John Hennelly Susan Kornblatt Idell	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Boerum</i>			
	Called to order at 5:01 pm			
<b>2. PUBLIC COMMENT SECTION</b>	<i>Boerum</i>			;
	Wendy Lee introduced herself; she may be a Finance Committee candidate.			
<b>3. CONSENT CALENDAR</b>	<i>Boerum</i>			
a. Finance Committee Minutes 02.23.21			<b>MOTION:</b> by Flynn to approve, 2 <sup>nd</sup> by Mishra. All in favor.	
<b>4. OUTPATIENT DIAGNOSTIC CENTER UPDATE</b>	<i>Jensen</i>			
	There was no update available. Completion of the CT project will be delayed until closer to May due to lack of a functioning door. The actuator delivered for the door was not strong enough to open the door. A meeting will be held on the MRI project this week. Management is attempting to differentiate what the contractor is trying to charge to contingency vs. errors and omissions.			

<b>5. UNISON AMENDMENT TO ENERGY SERVICES AGREEMENT</b>	<i>Drummond</i>		
	<p>Unison will still cover 100% of the cost of the energy project. They are asking the hospital to finance \$150,000 over time, which changes what the net benefit is over the length of the project. When the project is complete, SVH can remain operational during public safety shutdowns. The engine is powered by natural gas which is not affected by electricity.</p>	<p><b>MOTION:</b> by Flynn to recommend approval to the Board, 2<sup>nd</sup> by Rymer. All in favor.</p>	
<b>6. ADMINISTRATIVE REPORT FOR MARCH 2021</b>	<i>Kidd</i>		
	<p>The focus in February was on vaccinations and the first meeting with UCSF on structure and dashboard metrics. The hospital finished recovery from the cyberattack and is now focusing on implementing additional security. The CT is on site and has been validated and tested. The hospital welcomes Dana Fry, new Perioperative Director on March 1, and David Young, Imaging Director, April 5.</p>		
<b>7. FINANCIAL REPORT FOR MONTH ENDED FEBRUARY 28, 2020</b>	<i>Jensen</i>		
	<p>Mr. Jensen reviewed the payer mix for February. Medi-Cal was over budget and commercial had dropped. The cash collection goal was just under \$3 million, and the hospital collected \$3.4 million; year to date and cash goal was \$24.3 million, and cash collected was \$23.5 million. Days' cash on hand were 31.9, A/R days were 49.9, A/P were \$3.5 million, and A/P days were 47.6.</p> <p>Gross patient revenue was off due to volumes, especially in the ER which was down by 15%. Total operating revenue was \$3.4 million vs. budget of \$4.2 million. Salaries were better than budget with the CFO and CMO now UCSF employees. Total expenses were \$4.4 million vs. budget of \$4.5 million, and the operating margin for the month was (\$972,000) vs. budget of (\$316,000).</p>		

	<p>Cash has been dropping by \$400,000 per month. COVID testing was brought in-house which will save costs, and the hospital has put a hold on hiring for any posted positions. Those efforts should take effect in March, making March look more positive than any month since October 2020. Mr. Jensen indicated the need to focus on reducing salaries, which have not dropped as much as volumes have. Net income/loss was (\$480,000) vs. budget of \$485,000.</p> <p>The cash forecast was based on the months of January and February, with June 2021 ending at 57 days' cash.</p>		
<b>8. FY 2022 BUDGET UPDATE</b>	<i>Dungan</i>		
	<p>Ms. Dungan was in the midst of holding department meetings. IT costs will increase by \$450,000. Lab will see an increase in supplies but a drop in transportation and COVID test processing fees. These should save about \$400,000. After department meetings are finished, a roll-up is done for the whole hospital. A joint meeting of the Finance Committee and Board is usually held at the end of May/early June, and will come to the June Board meeting for decision.</p>		
<b>9. ADJOURN</b>	<i>Boerum</i>		
	Meeting adjourned at 5:41 p.m.		





**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**March 24, 2021 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Mainardi</i>	
	5:00 pm	
<b>2. PUBLIC COMMENT</b>	<i>Mainardi</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Mainardi</i>	Action
<ul style="list-style-type: none"> <li>QC Minutes, 02.24.21S</li> </ul>	Dr. Eisenstark requested some changes to the minutes. In the next to last paragraph under Policies and Procedures, “supple” should be “supply.” Then the last paragraph in that section should read: “The Committee requested that the ‘summary of changes’ for all policies reviewed by Departments state, in addition to the changes, the reason for the changes.”	<b>MOTION:</b> by Kornblatt Idell to approve with changes, 2 <sup>nd</sup> by Eisenstark. All in favor.
<b>4. QUALITY INDICATOR PERFORMANCE AND PLAN FOR FEBRUARY 2021</b>	<i>Jones</i>	
	Ms. Jones reviewed the quality indicator performance for the month of February 2021.	
<b>5. 2020 ANNUAL QUALITY DEPARTMENT REVIEW</b>	<i>Jones</i>	
	There was a Quality department restructure in 2020. Now there is a full-time Infection Preventionist, a Quality/Case Management. Assistant, and a Patient Experience Manager & Clinical Quality Analyst. Areas of focus during the past	

AGENDA ITEM	DISCUSSION	ACTION
	year have included: human experience; COVID-19; CIHQ accreditation survey, acute stroke ready annual certification, and COVID-19 infection control survey; clinical quality review; cyberattack breach notification; AHA Get with the Guidelines-Stroke standard; and HQI hospital improvement platform in real time vs. two year old data.	
<b>6. POLICIES AND PROCEDURES</b>	<i>Jones</i>	
	Dr. Eisenstark had changes to suggest to the new HIPAA policies. He will send those changes to Ms. Jones and she will invite the author (Fe Sendaydiego) back next month to speak about those new policies. The remaining policies were approved.	<b>MOTION:</b> by Eisenstark to approve policies <b>EXCEPT FOR NEW ONES</b> , 2 <sup>nd</sup> by Kornblatt Idell. All in favor.
<b>7. CLOSED SESSION:</b> <ul style="list-style-type: none"> <li>a. Government Code §54956.86: Complaint Involving Information Protected by Federal Law</li> <li>b. Calif. Health &amp; Safety Code §32155: Medical Staff Credentialing &amp; Peer Review Report</li> </ul>		
<b>8. REPORT OF CLOSED SESSION</b>	<i>Mainardi</i>	
	The Medical Staff credentialing report was approved.	<b>MOTION:</b> by Eisenstark, 2 <sup>nd</sup> by Solomon. All in favor.
<b>9. ADJOURN</b>	<i>Mainardi</i>	
	6:26 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: 04/29/2021 2:04 PM

### Report Parameters

**Filtered by:** Document Set: all applicable  
 Committee: 09 BOD-Board of Directors  
 Include Current Tasks: Yes  
 Include Upcoming Tasks: No

**Grouped by:** Committee

**Sorted by:** Document Name, Document Location

### Report Statistics

Total Documents: 3

**Committee:** 09 BOD-Board of Directors

**Committee Members:** Woodall, Vivian (vwoodall)

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>MMR, Varicella, Td, TDaP, and Influenza Vaccinations HR8610-164.02</b> <i>Human Resources Policies (HR)\Employee Health</i>	Pending Approval	4/29/2021	0
<p>Summary Of Changes: <b>Changing the Title of this policy to "Required Immunizations &amp; Proof of Immunity"</b></p> <p><b>Added COVID-19 as a desired vaccination, as well as the required weekly testing, if the vaccination is declined.</b></p> <p><b>Revised the language regarding seasonal influenza to reflect the Sonoma County Public Health mandate for healthcare workers.</b></p> <p><b>Reorganized and revised formatting of policy for clarity</b></p> <p><b>Added references for CDC, and Sonoma County Public Health Department</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Tierney, Pat (ptierney)</b></p> <p>Lead Authors: <b>McKissock, Lynn (lmckissock)</b></p> <p>Approvers: <b>01 P&amp;P Committee -&gt; 07 BOD-Quality Committee of the Board - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			
<b>Pharmacy Scope of Practice</b> <i>Medication Management Policies (MM)</i>	Pending Approval	4/29/2021	0
<p>Summary Of Changes: <b>New Policy.</b></p> <p><b>This policy is required by the California Business and Professions code and was created to address findings during the CPS Mock Survey in the pharmacy.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Tierney, Pat (ptierney)</b></p> <p>Lead Authors: <b>Kutza, Chris (ckutza)</b></p> <p>Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality Committee of the Board - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			
<b>Product Recalls</b> <i>Materials Management Dept</i>	Pending Approval	4/29/2021	0

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 04/29/2021 2:04 PM

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

Summary Of Changes: **One minor change made in reference to coordinating returns. This does not need to be handled by a Senior Buyer. A Buyer in Materials Management may coordinate returns of any recalled products.**

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)**

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# Survey of Voters RE: Parcel Tax Feasibility Sonoma Valley Health Care District *Summary of Findings – May 6, 2021*

- ▶ Survey of likely November 2021 voters in Sonoma County.
- ▶ Mixed-mode methodology (telephone/web)
  - Phone interviews were conducted by trained, professional interviewers; landlines & mobile phones included
  - Email and text message invitations were sent to complete the survey online
- ▶ Conducted March 23-April 5, 2021
- ▶ 400 interviews; overall margin of error  $\pm 4.9$  percentage points
- ▶ Split sample was used to test two potential parcel tax lengths:
  - Sample A: Renew existing \$250 parcel tax for 10 years (n=201; margin of error  $\pm 6.9$  % pts)
  - Sample B: Renew existing \$250 parcel tax until ended by voters (n=199; margin of error  $\pm 6.9$  % pts)

*Please note that due to rounding, some percentages may not add up to exactly 100%.*

# Populations of Interest

## Has Health Insurance



**92%** report having an insurance provider

*Definition: is covered by insurance (Q28/29)*

## Medicare



**58%** have Medicare

## Insurance Provider



**31%** Kaiser Permanente  
**17%** Blue Shield or Blue Cross  
**16%** UnitedHealthcare  
**7%** Medicare, no supplement  
**2%** MediCal or Medicaid

## Sonoma Valley Hospital



**74%** have used SVH at least once in last 3 years

*Definition: Respondent or someone in their family has used Sonoma Valley Hospital in last 3 years (Q26)*



# Key Findings

- ▶ Voters are feeling optimistic about the direction of things in Sonoma County and future economic conditions.
- ▶ Sonoma Valley Hospital is viewed positively by many—particularly by those who report being more frequent users of the hospital.
- ▶ Support today for a measure to renew the current \$250 parcel tax hovers at the two-thirds threshold required to pass and there is no statistical difference in support levels between the different lengths tested.
- ▶ Additional information about what the measure would do is compelling to many and keeping emergency services open is particularly important to voters.



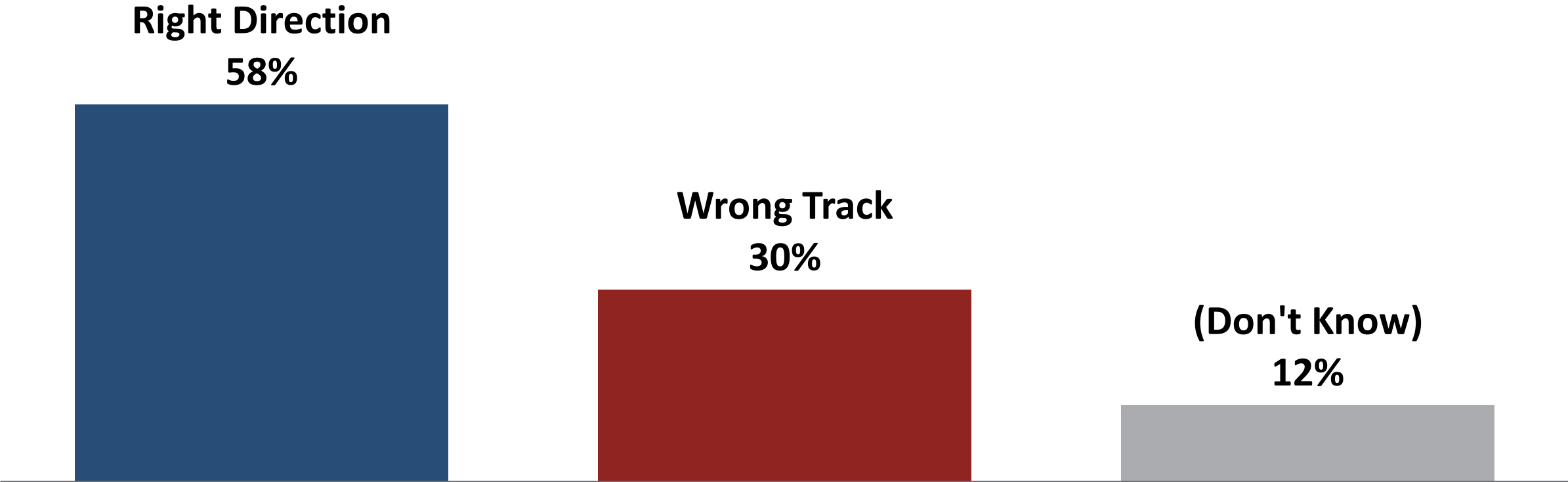


# Issue Environment

# Sonoma County: Right Direction/Wrong Track



*Nearly three-in-five feel optimistic about the direction of Sonoma County.*

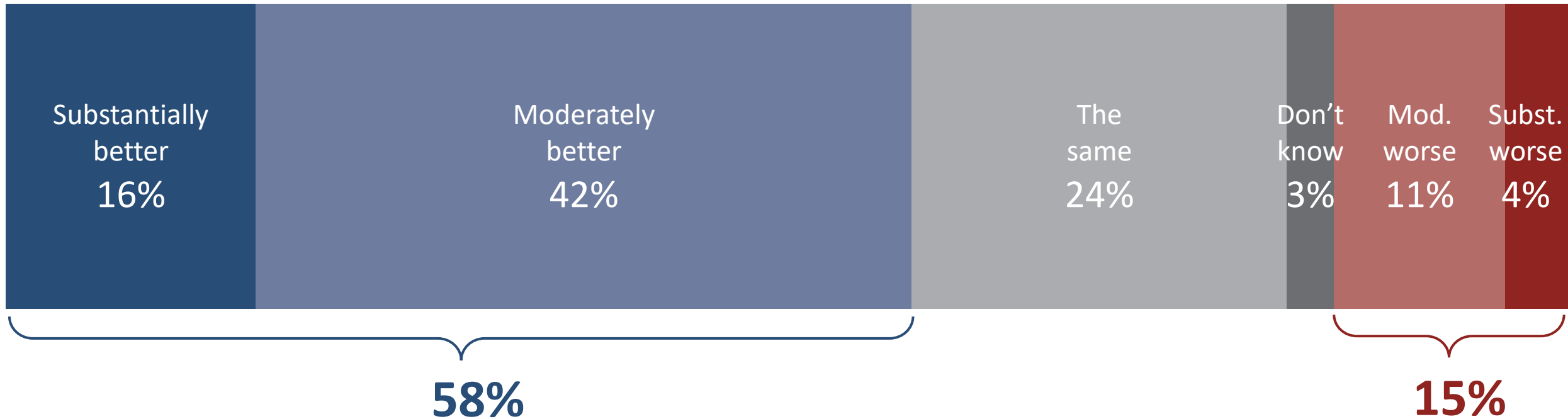


Q4. Do you feel that things in Sonoma County are generally going in the right direction or do you feel things have gotten pretty seriously off on the wrong track?

# Future Economic Conditions

Many believe economic conditions will improve over the next six months.

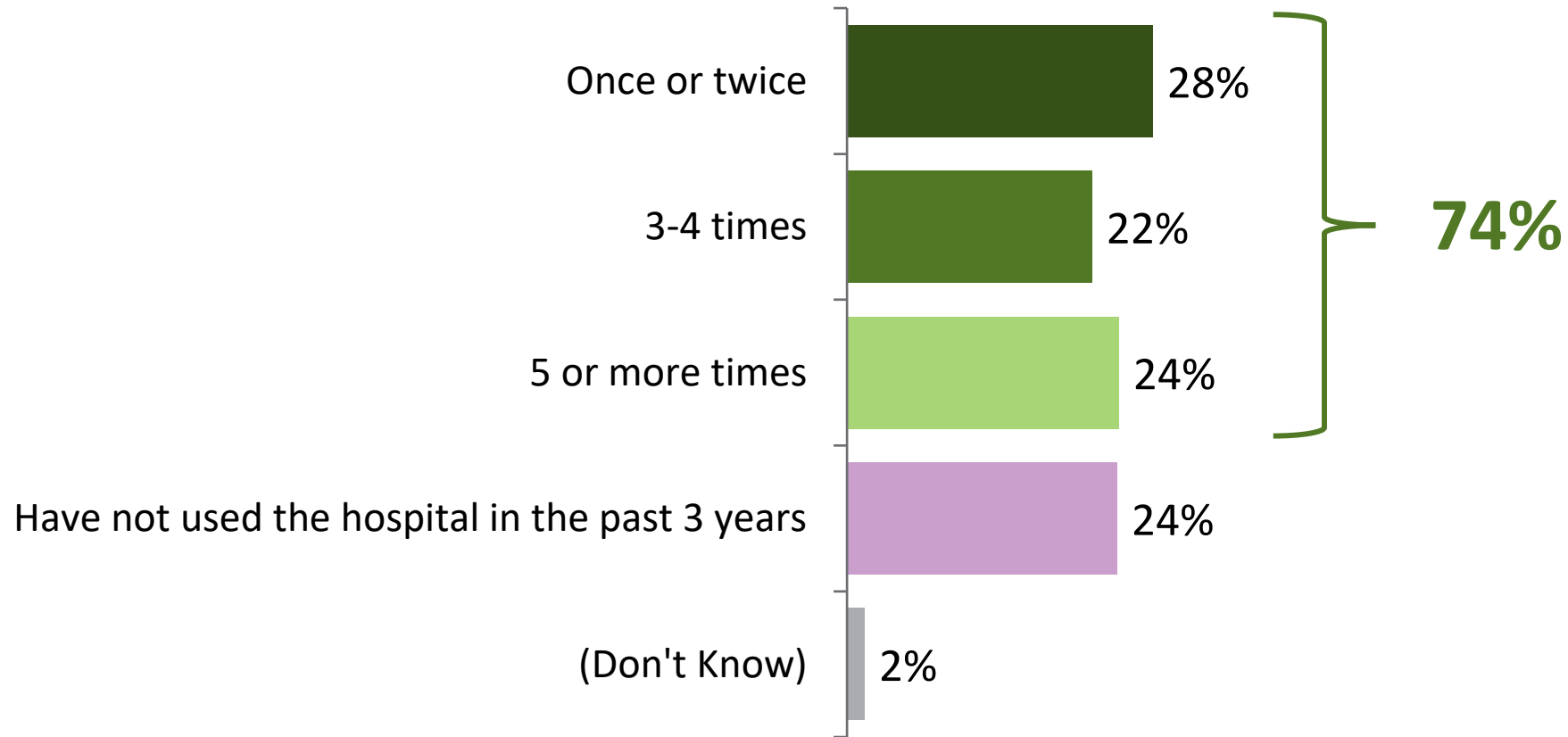
**Thinking about the future, how do you expect economic conditions in Sonoma Valley to be six months from now?**



# Sonoma Valley Hospital Use

Three-quarters of likely voters have used Sonoma Valley Hospital for themselves or their family in the last three years.

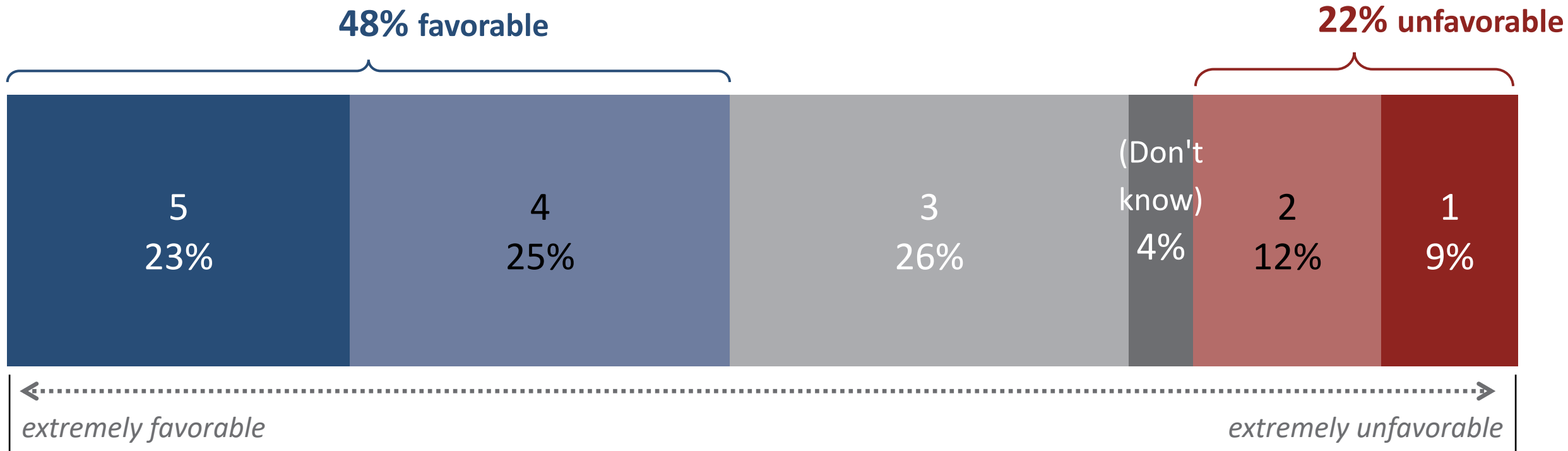
***In the past 3 years, about how many times have you or someone in your family used Sonoma Valley Hospital—for any reason?***



# Sonoma Valley Hospital Favorability

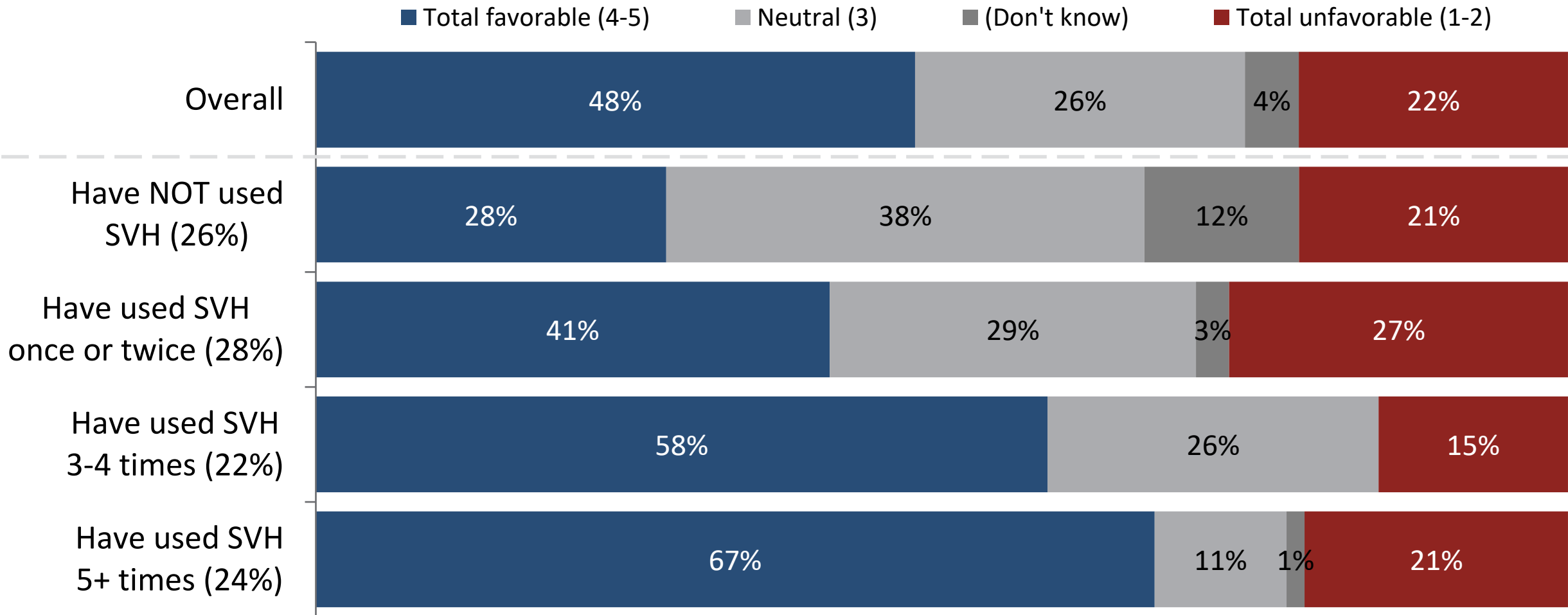


About half have a favorable opinion of Sonoma Valley Hospital, with twice as many rating the hospital favorably than unfavorably; about a quarter of voters have a neutral view.



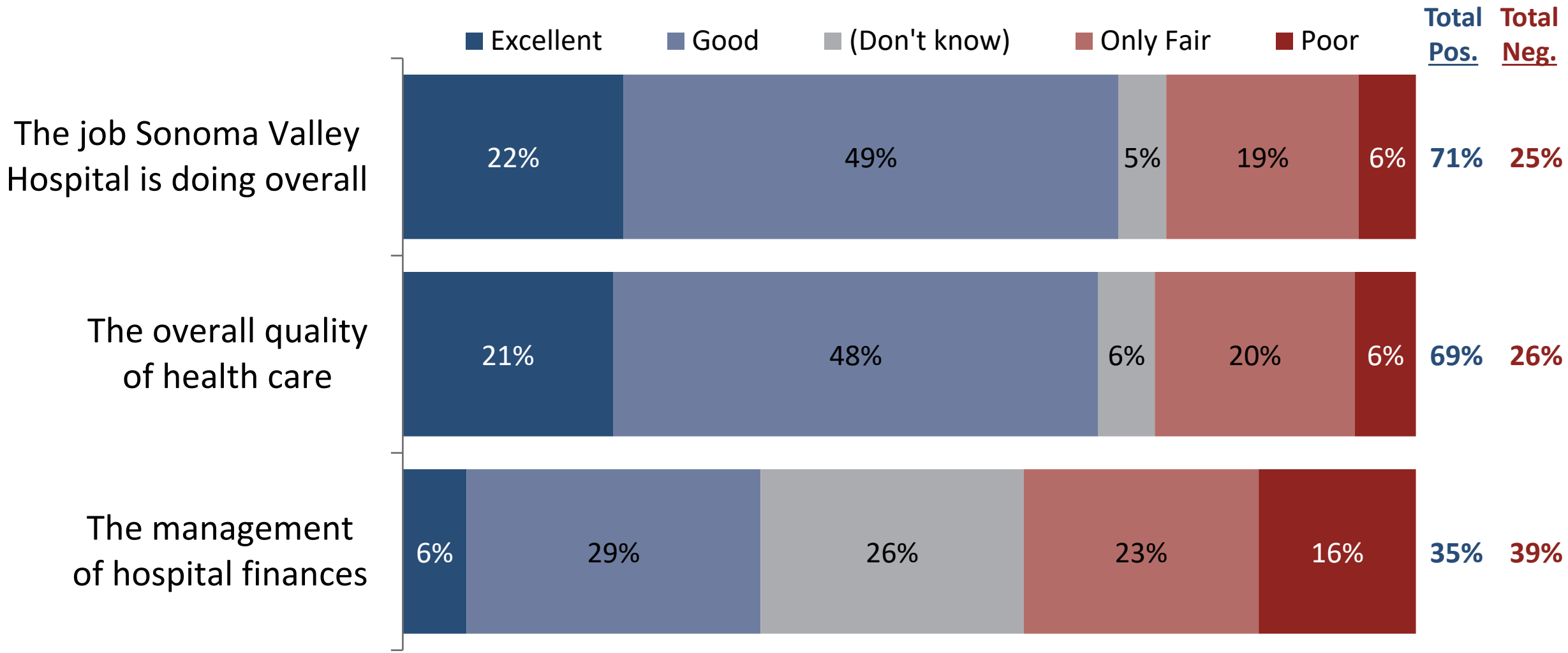
# SVH Favorability by Frequency of Use

*Those who have used SVH recently have very positive opinions of the hospital; those who haven't used it are mainly unfamiliar and neutral.*



# Sonoma Valley Hospital Ratings

*Voters give the hospital generally positive ratings but are divided about the management of hospital finances.*



Q7-Q9. Regardless of whether you or anyone you know has ever been treated at Sonoma Valley Hospital, please rate the hospital on each of the following using a scale of excellent, good, only fair, or poor.



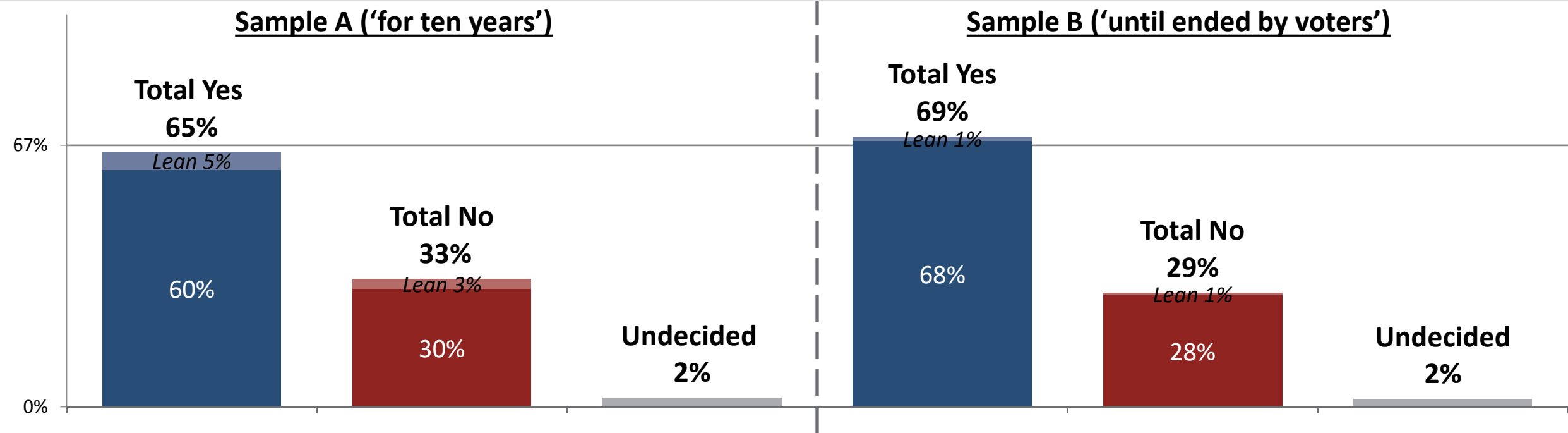
# Potential Parcel Tax Measure



# Support Today

Support today hovers at the two-thirds threshold required to pass and support is consistent between the two measures tested.

To continue funding for health care at Sonoma Valley Hospital without increasing current tax rates, maintain local access to hospital emergency room care, provide lab, diagnostic, acute care, surgical, and other health care services, shall the measure to continue Sonoma Valley Health Care District’s existing annual parcel tax of up to \$250 with no rate increase [**SPLIT A: for ten years**], generating approximately \$3,800,000 annually, [**SPLIT B: until ended by voters**], with all funds dedicated to operating Sonoma Valley Hospital, be adopted?



Q10. There may be a measure on an upcoming ballot in your area that reads as follows...  
 If the election were held today, would you vote yes to approve or no to reject this measure?

# Additional Information

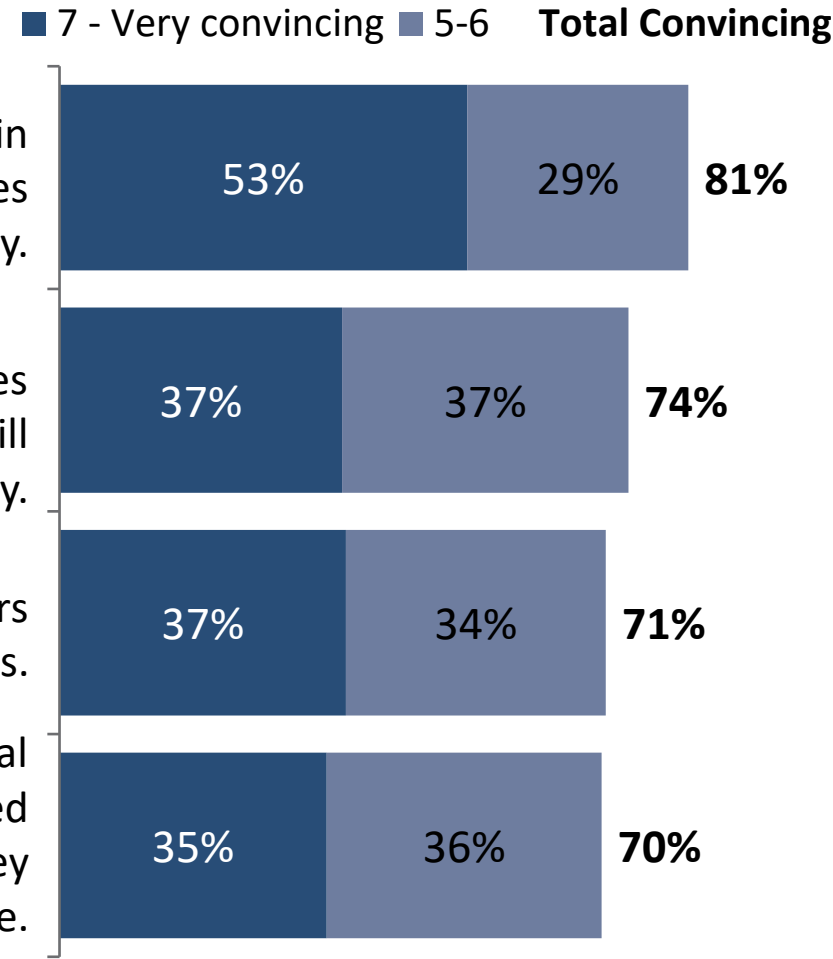
*Additional information is compelling to many voters as a reason to support the measure—particularly around keeping emergency services open.*

Sonoma Valley Hospital operates the only emergency department and intensive care unit in the Sonoma Valley. This measure will ensure the Hospital can keep their emergency services open, so we don't have to go to Santa Rosa or Napa in an emergency.

Seniors make up over 25% of the population in the Valley, and as the population continues to age, a local hospital and emergency room is more important than ever. This measure will make sure Sonoma Valley Hospital continues to be there for the community.

The measure does not increase taxes; it simply continues an existing parcel tax that voters approved in 2017 without increasing rates.

This public health crisis has shown us that, now more than ever, our local hospital is a critical resource for the community and Sonoma Valley Hospital has stepped up in unprecedented ways to meet the challenges of COVID-19. This measure will ensure the Sonoma Valley Hospital can continue to provide local, quality health care.



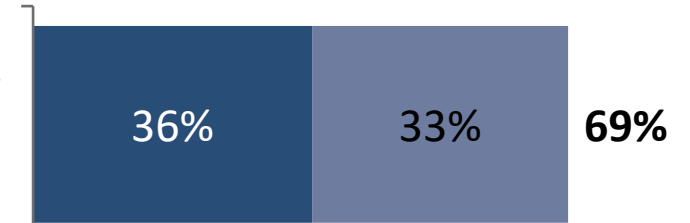
Q11-Q18. After you hear each statement, please tell me how convincing it is as a reason to vote for the measure. Please use a scale from 1 to 7, where 1 means not at all convincing and 7 means a very convincing reason to vote for the measure.

# Additional Information

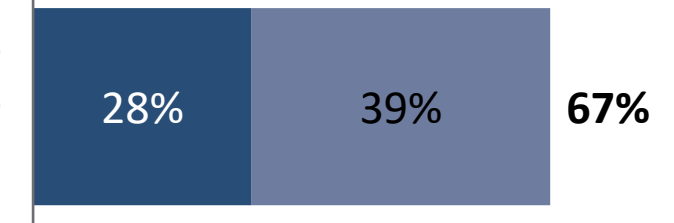
*Other information is also compelling.*

Sonoma Valley Hospital is an important safety net for everyone in our community—especially those who do not have access to health insurance. This measure will help the hospital keep its doors open for everyone, no matter their financial status or background.

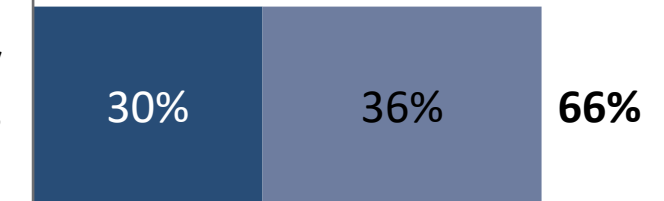
■ 7 - Very convincing ■ 5-6 **Total Convincing**



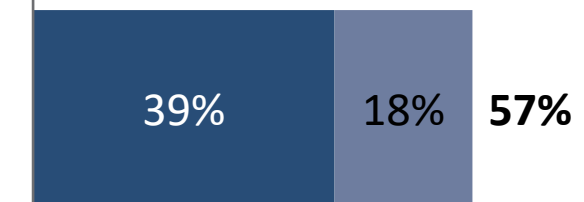
Sonoma Valley Hospital is integral to the health and wellbeing of our community, but we can't rely on the state or federal government to provide the funding we need. This measure will secure a stable source of local funding for the hospital to continue providing critical healthcare services.



This measure will preserve Sonoma Valley Hospital which also makes sure our community has convenient access to primary care doctors, specialists, and jobs that the hospital brings to our area.



Without this measure, the hospital could be forced to permanently close its doors.



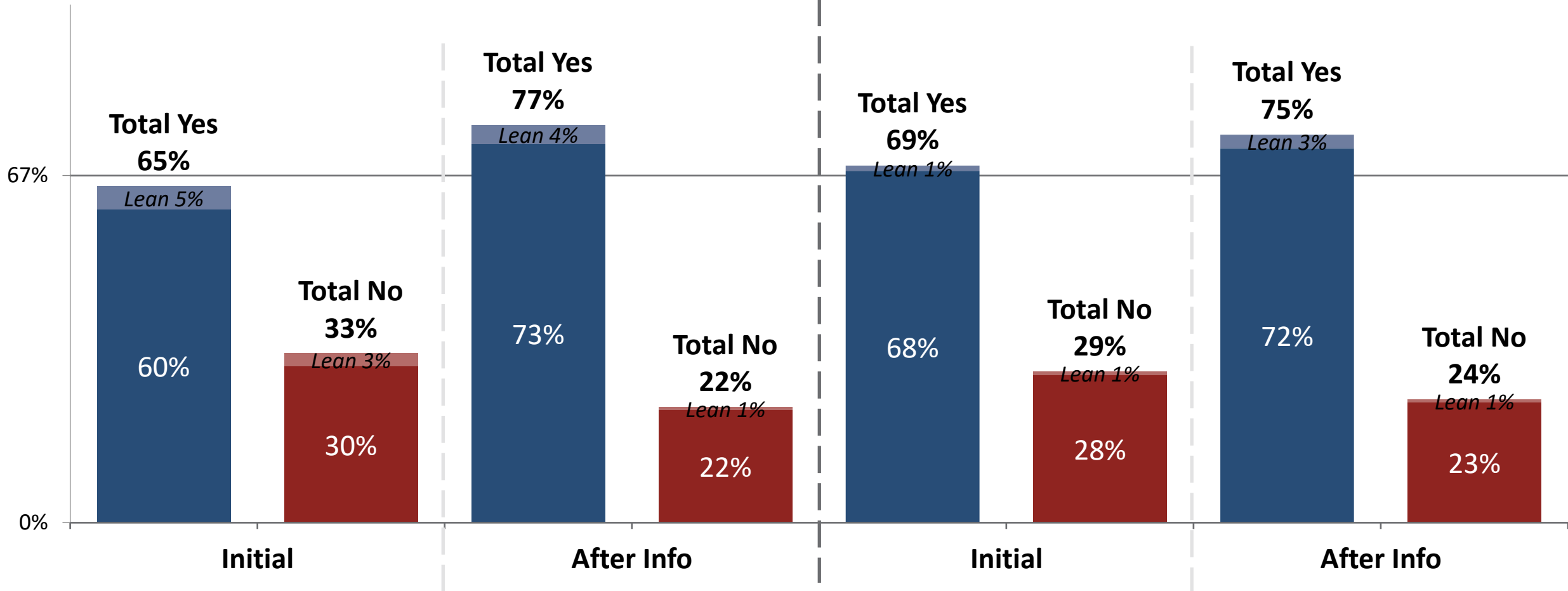
Q11-Q18. After you hear each statement, please tell me how convincing it is as a reason to vote for the measure. Please use a scale from 1 to 7, where 1 means not at all convincing and 7 means a very convincing reason to vote for the measure.

# Support After Additional Information

*Additional information helps to solidify support.*

**Sample A ('for ten years')**

**Sample B ('until ended by voters')**



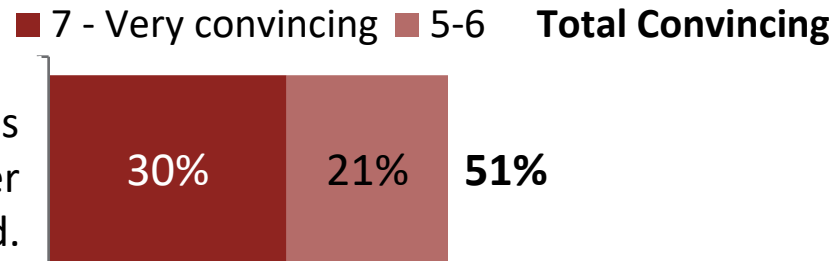
Q19. If the election were held today, would you vote yes to approve or no to reject this measure?

Note: margin of error for the above samples is ± 6.9 % pts

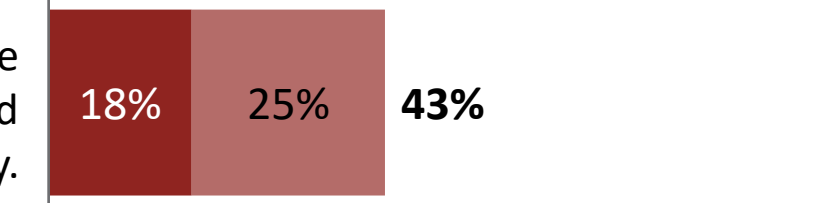
# Potential Opposition Messages

*Potential opposition messages are compelling to many.*

**[SAMPLE B ONLY, n=199]** Most tax measures have an expiration date, but this measure has no end date. That means we'll continue getting taxed, even if hospital funding is no longer needed.



We can't trust Sonoma Valley Hospital. Their last parcel tax came with promises to continue services, but they still made significant cuts, like closing the obstetrics department and changing management of the skilled nursing facility.



Sonoma Valley Hospital recently partnered with UCSF. They have deep pockets now and shouldn't be asking taxpayers to pay their bills.



Our local economy and area have been devastated by fires and COVID-19. We don't know when things are going to go back to normal. This isn't the time to be extending taxes—we should be doing what we can to decrease taxes.



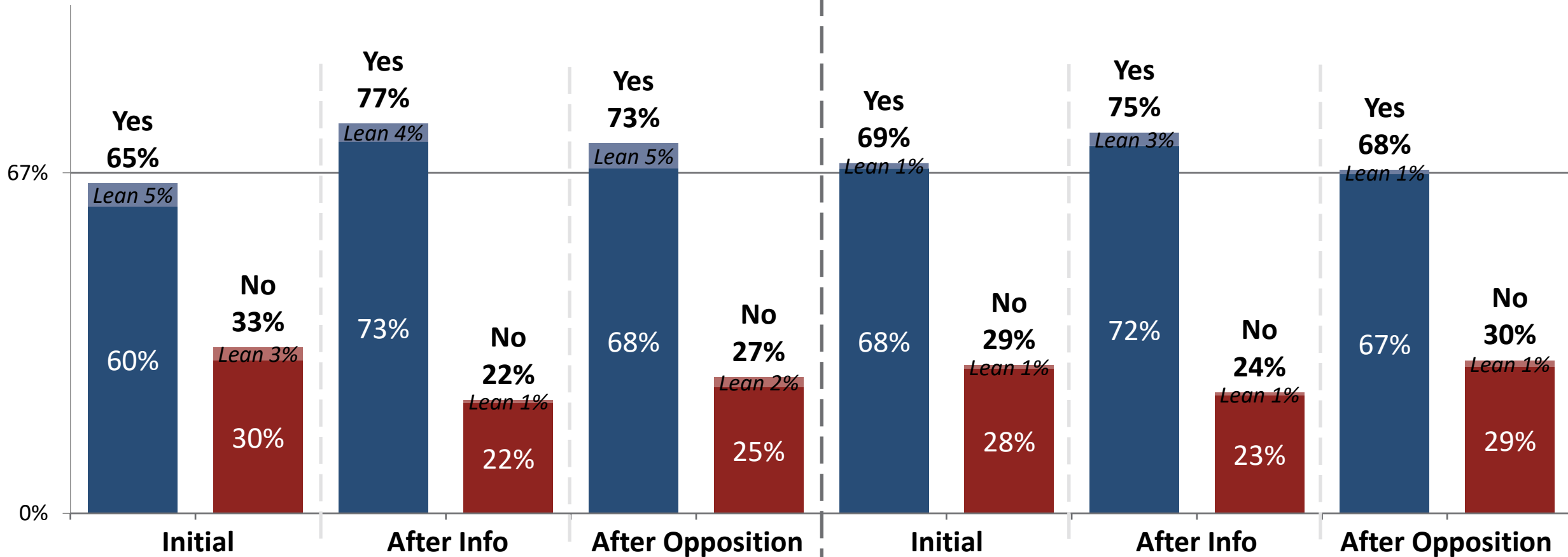
Q20-Q23. After you hear each statement, please tell me how convincing it is as a reason to vote against the measure. Please use a scale from 1 to 7, where 1 means not at all convincing and 7 means a very convincing reason to vote for the measure.

# Vote Progression

Opposition messaging has a slight impact on support for a measure.

**Sample A ('for ten years')**

**Sample B ('until ended by voters')**



Q24. Finally, given everything you've heard, would you vote yes to approve or no to reject the \$250 parcel tax measure for the SVH?

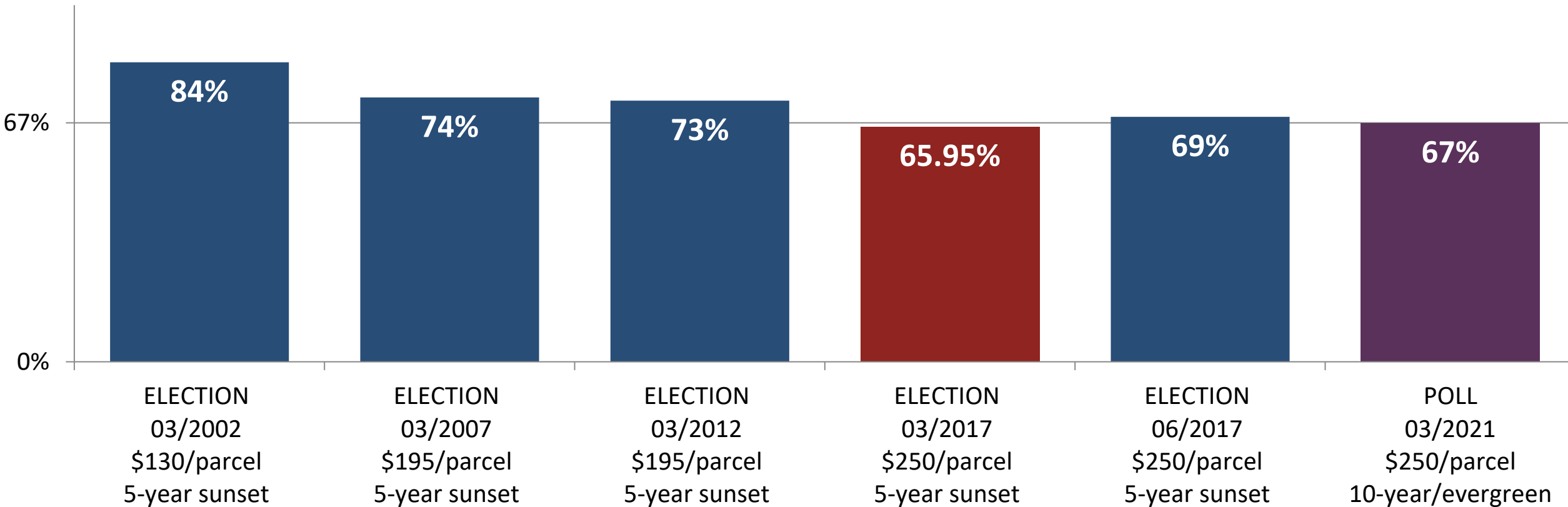
Note: margin of error for the above samples is ± 6.9 % pts

# Historical Context: SVHD Measures

*Voters have been supportive of a parcel tax for the Hospital in the past.*

- Election Results: Passed
- Election Results: Failed
- Poll Results

**% Total Yes**



# Conclusions

- ▶ In the right environment, a measure that renews the current \$250 parcel tax is feasible.
- ▶ Statistically, there is no difference in support between the two tested lengths of the parcel tax. As of right now, both measures tested appear to be viable.
- ▶ Support for a measure cannot be taken for granted; a privately funded campaign effort will be important to ensure voters hear more about the importance of Sonoma Valley Hospital for the community, especially emergency room access.





**Andie Morhous**  
**andie@emcresearch.com**  
**510.550.8808**



# **Human Resources Department**

# **Annual Report 2020**

**Prepared by: Lynn McKissock, Chief Human Resources Officer**

## **Goals & Accomplishments**

It is the mission & vision of Human Resources to develop, implement and support programs and processes that add value to the Hospital and its employees, while demonstrating commitment to our core values creating a healthy hospital and healthy work environment.

While our team may be small, we are all strongly committed and passionate about our overall mission & vision, demonstrated through our daily interactions with staff, volunteers, visitors, patients, and vendors alike. I always like to say that while there may be many similarities in the services offered between one small hospital and another, it's our people that make the standout difference!

The goals we established for ourselves in 2020 were focused on improving efficiency and communication. It is our conscientious effort to be financial stewards of this community-owned hospital and, particularly as an overhead department, continuously look for ways to be more efficient and eliminate waste, without losing focus of excellent, personable service. Clear and understandable information is a critical element of employee engagement and we are always striving to ensure we are enhancing access to information and providing many opportunities for two-way communication.

Implementation of a new HRIS (Human Resources Information System) was selected as a project for 2020 that would take us in this direction, providing both efficiency and enhanced communication. This has been in the works for the past several months, experiencing some delays due to the cyber-attack in early October. But, we are now going "live" with the completion of our Phase I implementation wrapping up this month.

Phase I includes all staff access to this new cloud-based platform with hospital information available on the portal's landing page. Employee's will be "introduced" to new hires, can see upcoming birthdays and work anniversaries, have direct access to the internal job board, and information on upcoming employee events and other HR programs. From there, employees can navigate to view a plethora of information about themselves: they can view and update their contact information as well as emergency contact information; review their employee health records; review the upcoming dates for their license and/or certification renewals; see their current employment information, including the salary range for their position; and complete/review their annual Performance Evaluations. Phase I also provides easy access to the Employee Handbook, Compliance Program, and other important hospital policies; and includes a welcoming process for new hires. When a new employee is added to the system, they will receive an automated "Welcome" email with a request to complete some onboarding information. Additionally, when an employee leaves our employment, they will automatically receive a request to complete an "Exit" form. Lastly, perhaps one of the best "communication" features is the ability to look up anyone's work number/extension!

Phase II will bring more functionality, and more efficiencies. For example, Managers will be able to submit personnel transactions directly from the portal (changes in pay rates, employment status, position titles, etc.), eliminating the current paper process; and employees will be able to directly manage their direct deposit information (eliminating another paper process) as well as manage their health insurance enrollments (eliminating the need to log into a secondary system for this process).

We are very excited about this new program and the enhancements it brings in the form of improved processes and access to information in support of better communication.

Redesign of the New Hire Orientation Program was a team project – comprised of all Orientation Program presenters. We reviewed and discussed the core purpose of an orientation program and elements that would make it engaging and inspiring. Each presenter reviewed and refreshed their own content with this objective in mind, and incorporated more interaction and participation by the new hires; more “story telling” and sharing of experiences (the human experience); and videos for visual messaging. This new hire program covers myriad topics including the history of the hospital; our values and how we see those values in action; how to maintain and support our healthy work environment; practical, hands-on instructions for such things and as submitting work order requests or “good catches;” a walking tour of the hospital identifying safety and evacuation features as well as spaces for rest and restoration; a discussion about quality, safety, and infection prevention; and most importantly, inspiring positive patient experiences and service excellence.

Feedback from the participants as well as the presenters has been very positive and everyone seems to enjoy this new and improved program.

Employee Wellness Program enhancements were a significant focus in 2020, though the coronavirus pandemic and the cyber-attack presented some minor setbacks. However, the accomplishments included a new wellness program platform that provided a higher level of interaction and engagement for a continuous focus on wellness (not just at the end of the year to reach the points!). The Virgin Pulse platform provided for some interesting activities – such as a destination challenge, which involved teams of 4 or 5 employees collectively earning “steps” to virtually explore Europe! Each destination reached rewarded the employees with interesting facts about the location, pictures, and some local food recipes. A very interesting way to get your steps in!

In addition to the features that this new platform provided, we formed a Wellness Team comprised of six employees from across the organization that meet on a regular basis to develop and implement “on-site” wellness activities – providing Wellness Program participant’s new ways to earn points towards their Wellness Credit. The Wellness Team is still going strong in 2021 with quarterly events designed to engage employees at all our locations.

### **Other Accomplishments**

COVID-19 Response. The coronavirus pandemic certainly presented us all with unexpected conditions but through it all, Human Resources’ focus was on employee health and welfare.

One of the first objectives was to develop a program to help employees financially when they were unable to work due to a COVID-related reason (ordered to quarantine, symptomatic, loss of childcare/school closures, etc.). While we were allowed to opt out of the Federal FFCRA (Families First Coronavirus Response Act) as a healthcare provider employer, we did develop our own program utilizing existing benefit accruals (Disability and PTO hours). Of course, later in the year, the State of California established the mandatory Supplemental Paid Sick Leave which we then implemented as well and is still in effect today.

The other first objective was to establish guidelines for when employees should stay home and when it was safe to return to work with a focus on maintaining a safe working environment. We were grateful to have access to UCSF Health information resources to help us model our own guidelines which we regularly updated over time as new information became available, and regularly shared with all employees.

In support of these guidelines we also established employee work status tracking – a tracking system to document when an employee was off work, the reason for being off (symptomatic, quarantine, or child care/school closures), and when they were able to return to work. If testing was necessary, we also tracked test results and established a process for clearance to safely return to work. We worked closely with our Chief Medical Officer and our Infection Preventionist through all of this.

We developed our own internal Labor Pool – identifying staff members that were experiencing a lack of work due to service lines closures or reduced hours and matched them to alternative work opportunities (i.e., drive through testing, entrance screening, etc.).

We worked closely with Celia in Marketing to develop regular communication updates for all staff. These weekly communications shared information and links to a variety of resources ranging from clinical procedures to proper use of PPE (Personal Protective Equipment) to how to access testing. And, we developed and shared available childcare resources for parents that were affected by school and day care closures.

In early 2021, HR was happy to provide support for the mass vaccine clinics in the community, developed tracking of employee vaccinations, and established process for regularly testing employees that remain unvaccinated. We are pleased to see that more than 89% of our employees are now fully vaccinated!

#### Cyber-Attack Recovery

As if the pandemic wasn't enough disruption to 2020, in early October we were subject to a cyber-attack causing us to shut down our entire internal network and activating our business continuity plans.

Of utmost importance was to ensure that employees still received a paycheck on pay day. With computer systems down, it was a definite dilemma; however the great minds in our Accounting department came up with a plan and HR helped with the implementation and communication with staff. Everyone received a paycheck on time!

Working with our I.S. team, we helped to develop and facilitate a process for our leadership team to manage timecards for all staff until the system was fully back on-line again, ensuring continuation of timely pay checks.

The other significant accomplishment under these conditions was the ability to still hold Open Enrollment for health insurance coverage. Since our primary benefit administration system was external to our network, employees still had access and we were able to successfully manage everyone's open enrollment elections.

## Ongoing Education

As a key element of employee engagement, a culture of continuous learning is our aim, and we wouldn't be able to provide it without our passionate and knowledgeable Education Coordinator, Bonnie Bernhardt. Bonnie's primary focus is with our nursing and clinical staff starting with new hire skill assessments and refresher training, to facilitating the in-servicing new equipment (such as our new CAPR), to developing and conducting our annual skills lab.

This year, providing education in our "usual" format was not possible, so Bonnie creatively developed the new Mobile Skills Lab – a cart, if you will, of education tools used to review and refresh skills on a one-on-one basis. All nursing and clinical staff completed their training by the end of the year!

## **2020 Dashboard**

<b>Performance Indicator</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>
Employee Engagement Organizational Score (CY)	NA	4.05	4.17	4.19
Employee Engagement Survey Participation Rate (CY)	NA	75%	53%	81%
Turnover (CY)	9.6%	15.5%	19%	13.6%
Salary Costs / % of Net Revenue (FY)	\$23,096,036 / 49.24%	\$26,822,982 / 46.64%	\$29,981,199 / 53.55%	\$29,102,812 / 54.32%
Benefit Costs / % of Net Revenue (FY)	\$5,565,682 / 11.87%	\$6,077,268 / 10.57%	\$6,562,905 / 11.72%	\$7,037,347 / 12.78%
Registry/Traveler Costs (FY)	\$718,546	\$1,675,354	\$1,339,193	\$860,071
Leave of Absences (CY)	57	54	62	70
Number of Injuries (CY)	12	20	9	12
Number of Open WC Claims (CY)	18	19	10	10
Workers' Comp Costs (CY)	\$219,158	\$284,348	\$347,342	\$156,921
Legal costs for Employee Issues (FY)	\$58,910	\$51,898	\$7,473	\$39,772
Wellness Program Participation (CY)	133/227 – 59%	131/225 – 58%	147/235 – 63%	216/322 – 67%

## **Employee Engagement Survey**

Engagement Surveys are an important tool to measure employee perceptions of the work culture including a sense of purpose and belonging, trust in management, and a sense of value to the people with whom they work and to the organization. However, 2020 was a year like no other and given all the disruptions that presented to us this year, it was unanimously decided by the Administrative Team reasonable to postpone the engagement survey this year and resume again in early 2022.

However, with that said, it's important to note that we did not disregard our last survey responses and continued to follow-through on our department and organizational action plans. As you may recall from previous organizational survey results, benefits consistently shows up as an opportunity for improvement. With this in mind, HR took action in 2020 to find a new health insurance plan option that would better meet the needs of our employees. I'm happy to say that we secured a new plan with United HealthCare that offers three different plan designs that went

into effect in January, 2021. This new health insurance plan also improves access to UCSF Health physicians for our employees.

### **Turnover**

Our turnover rate significantly declined this year (though 1<sup>st</sup> quarter of 2021 is already showing a significant increase). Reasons for separation included some retirements, inability to return from leave of absence, moving out of the area, and/or accepting another job.

Competitive pay is commonly cited as a reason for seeking other employment and while we do what we can to stay competitive in this regional market, the fact remains that we are a small, independent organization and will never be able to compete with the large hospital systems in our area. Therefore, our efforts must focus on creating a work environment that cannot be matched in the larger systems.

Our other focus is on our selection and onboarding processes and looking for opportunities to improve our hiring decisions, recognize and reward our high performers, and continuously build a culture of engagement.

### **Salaries, Benefits & Registry Costs**

Cost of salaries in fiscal year 2020 remained relatively stable but we did see an increase as a percentage of net revenues. This is most likely due to a drop in net revenues as a result of no longer having the Skilled Nursing Facility and then also a drop in volumes in response to the Coronavirus Pandemic.

We did see a bit of a reduction in cost of benefits in fiscal year 2020, but as a percentage of net revenues, a slight increase. Again, most likely due to the drop in net revenues experienced during this same timeframe.

Registry/Traveler expenses reduced significantly. We believe this to be a two-fold result: 1) low volumes in the beginning of FY2020 due to the pandemic; 2) staffing agencies increased their fees significantly which discouraged our use and alternatively, looked to find internal resources that may not have been busy in other areas that were experiencing lower volumes.

### **Leaves of Absence & Workers' Compensation**

The number of staff that take a leave of absence from work for one reason or another (either for a personal reason; to care for a family member; or due to their own medical condition) seems to be fairly consistent year-over-year.

Work-related Injuries were down a bit in 2020 with only three (3) cases that required days away from work (for a total of 48 days). The primary cause of injury is due to repetitive motion (accounting for half of all injuries reported), with the other injury types ranging from muscle strain, lifting, tripping, etc.

Ergonomic evaluations of staff workstations are regularly requested and conducted by our very own knowledgeable and capable Occupational Therapists. Additionally, back safety and ergonomics are part of our annual education assignments. We hope to see a reduction in these types of claims going forward.

## **HR Goals/Initiatives for 2021**

Looking forward, the complete implementation of our new HRIS is our top goal. As mentioned previously, this will include conducting our Annual Performance Evaluations in a hybrid approach – electronic forms and process with in-person meetings, and then adding on the benefits administration system – allowing employees to manage their health insurance enrollments all through one platform.

We also have a focus on turnover and workplace culture. To that end, it is HR's goal this year to develop and implement a formalized and structured selection and onboarding process that ensures consistency in our process but most importantly ensures that we are selecting the best of the best to join our team(s) and who will support and uphold our goals and values.

Last, but not least, HR continues to drive the effort bringing focus to the importance of diversity education for all staff. It is our goal to ensure that everyone that works for this hospital understands that we all have biases – even those with the best of intentions – and that it's important to recognize those biases, understand where they come from, and how to mitigate the progression, with a common goal of ensuring that all team members, community members, patients and their families feel welcome, included and valued.



# Sonoma Valley Hospital

## Human Resources Department Annual Report - 2020

# Mission & Vision Statement

Develop, implement and support programs and processes that add value to the Hospital and its employees, while demonstrating commitment to our core values creating a healthy hospital and healthy work environment.



**A Healthy Organization**

# Our Team

Colleen Wilson, HR Recruiter & Volunteer Coordinator

Meghan Healy, HR Analyst & Wellness Program Coordinator

Bonnie Bernhardt, Education Coordinator

# 2020 Goals

## Efficiency & Communication

- Implement New HRIS
- Redesign New Hire Orientation Program
- Enhance Employee Wellness Program

# Sage People


## New Hires



John Hennelly

[View Details](#)

## Upcoming Birthdays



Anatoliy Moroz

[View Details](#)

## Job Board



[View Details](#)

## Upcoming Anniversaries



Peggy Duncan

[View Details](#)

## Upcoming Events



[View Details](#)

## HR News



[View Details](#)

# Sage People Employee Portal

- View/Edit Personal Details
- View Work Details
  - Current position information
- Complete/View Annual Performance Evaluations
- View Employee Handbook (and sign acknowledgement)
- View Important Hospital Programs

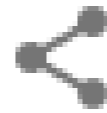
# New Hire Orientation

- Hospital Overview – Values in Action
- Healthy Organization
- Healthy Community – Culture of Giving
- Hospital Tour
- Equipment & Facility Work Order Lab
- Quality & Safety Reporting Lab
- Safety through Prevention
- Inspiring Patient Experience & Service Excellence

# Employee Wellness Program

Virgin  
Pulse, Inc.

Company



Sonoma Valley Hospital's  
'Word Scramble Scavenger Hunt'



# Other Accomplishments

- COVID-19 Response
- Cyber-Attack Recovery
- Ongoing Education

# 2020 Dashboard

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# 2021 Goals

- Complete Implementation of new HRIS
- Improve Selection & Onboarding Process
- Provide Diversity Education Program

# Questions?



**To:** Board of Directors - Sonoma Valley Health Care District  
**From:** Bill Boerum - Board Member, Treasurer & Chair of the Finance Committee  
**Date:** May 6, 2021  
**Subject:** Recommendation of Wendy Lee to Finance Committee

---

It is a pleasure to recommend to the Board the appointment of Wendy Lee to the Finance Committee. Please see attached, her letter of interest and her biography.

Wendy is recently retired from Kaiser Permanente after a 17-year, high level career engaged in a wide variety of information technology and related assignments in digital health transformation, most recently as Senior Vice President, Personal Health. These assignments have involved budget and capital expenditure proposals for projects in the hundreds of millions of dollars.

Prior to Kaiser, she had a 21-year career with Bechtel Corporation in a number of management positions as described in her biography. She is a graduate of San Francisco State University with a Bachelor of Science Degree in Information Technology and completed the Harvard Business School Executive Leadership Program.

Wendy's potential volunteer interest was brought to our attention by David Pier, Executive Director of the Sonoma Valley Hospital Foundation. In considering her interest for a couple of potential board committee assignments, Wendy met with Joshua Rymer, Board Chair, Ken Jensen, Chief Financial Officer, and me. She has attended two Finance Committee meetings. She and her husband have lived in Sonoma as homeowners for 17 years, and both have experienced the services of Sonoma Valley Hospital.

Wendy will bring exceptional experience and insight to the deliberations of the Finance Committee. Joshua and Ken join me in recommending her appointment to the Finance Committee.

**Attachments**

Letter of Interest  
Biography

## WENDY LEE MYATT

527 Fifth Street East, Sonoma, California / (510) 292-7966  
Email · [W2\\_M2@yahoo.com](mailto:W2_M2@yahoo.com) / [LinkedIn Profile](#) · [Attached](#)

April 28, 2021

Bill Boerum  
Board Member, Sonoma Valley Hospital District  
[bill@vom.com](mailto:bill@vom.com)

### DEAR BILL,

As an experienced professional in Healthcare, coupled with my service orientation, membership on the Finance Committee of the Sonoma Valley Hospital District Board has sparked my interest. Having attended two (2) Finance Committee meetings, and held informational discussions with Joshua Rymer, Ken Jensen and yourself, I am excited to find that my experience and personal strengths align with the needs of the position. I, therefore, would like to submit my candidacy for a position on the Finance Committee.

Retired, after 17 years of experience at Kaiser Permanente, I bring a comprehensive set of skills that I believe will be valuable to the Sonoma Valley Hospital District Board. During my tenure at Kaiser Permanente, I honed my abilities in Digital Transformation, Hospital Construction, Healthcare Information Technology (HIT), and Healthcare, Strategic Planning, and Executive Leadership. My critical thinking, people-centric nature, and service orientation have afforded me excellent servant leadership skills.

I welcome the opportunity to contribute my talents and proficiency in capital planning, strategic investments, and healthcare information technology. As a Senior Vice President at Kaiser Permanente, I have a proven track record in strategic planning, business case development and execution of multi-million to multi-billion-dollar investments.

My husband (Mike Myatt) and I have lived in Sonoma for 17 years, and as residents of Sonoma have been experienced the services of the Sonoma Valley Hospital.

Please review my enclosed biography for a more in-depth illustration of my work history and accomplishments. I would appreciate the opportunity to serve the Sonoma Valley Hospital District.

Thank you for your time and consideration of my candidacy.

Best,

Wendy Lee Myatt  
Enclosure

## **About**

Experienced Senior Vice President of Technology with a demonstrated history of working in the hospital & health care industry. Skilled in Digital Transformation, Healthcare Information Technology (HIT), Healthcare, Strategic Planning, and Executive Leadership. Strong business development professional graduated from Harvard Business School.

As a transformational leader, I bring more than 35 years of experience championing innovation, delivering technology products and services, and executing complex programs, most recently in my role as a senior technology leader with Kaiser Permanente. I have a passion for contributing to the nation's health care industry's journey toward being digital-first - evolving how health care organizations work to tackle new challenges and deliver end-to-end consumer and clinician experiences that fully integrate 'being digital'. In support of this passion and commitment, I led the establishment of Kaiser Permanente's first Chief Digital Office, dedicated to accelerating digital transformation.

The foundation of my work ethic is "Do What You Say You Will Do". This philosophy enables me to hold myself to an exceptional level of accountability, and builds on establishing the trust and respect of colleagues.

I am also motivated and energized by believing in others more than they believe in themselves and taking a personal interest in their growth and development; I have a natural ability to lead and develop individuals and build powerful teams.

I am innovative, collaborative, a strategic thinker with a drive to progress organizations and individuals to achieve their highest visions and exceptional outcomes.

Selected as one of the Top 50 Most Powerful Women in Technology (2016) by the National Diversity Council. The Top 50 Most Powerful Women in Technology feature the highest caliber of executive female leaders within the technology industry. These women are the most prominent leaders, and they have reached the top of their profession by being effective leaders in their organization. They drive change, innovate, and inspire others to succeed while contributing to business growth

## **Key Expertise**

- Strategic Planning
- Healthcare & Engineering/Construction
- Digital Transformation
- Innovation
- Executive Leadership
- Transformational Technology Programs
- Diversity, Inclusion & Equity

## **Senior Vice President, Personal Health 2019 – December 2020**

Appointed by Kaiser Permanente's former CEO, Bernard J. Tyson, to assume the role as the Executive Sponsor for the organization's Personal Health Strategy, in support of the organization's mission – "Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve." In this role, managed the organization's Personal Health portfolio of work, focused on developing an ecosystem that would provide Kaiser Permanente members exquisitely personalized, wrap-around support and more healthy years.

As Kaiser Permanente's IT Incident Commander, led the organization's care delivery and digital technology-related response to our nation's COVID-19 pandemic.

## **Senior Vice President, Corporate and Digital Technologies and Services**

**2013 – December 2019**

Led a large team (1,800+) of technology professionals to deliver digital, mobile, and social collaboration capabilities that extend its commitment to quality and reputation as a leader in health IT innovation to the workforce, customers, care teams, and members. Established Kaiser Permanente's first digital organization - to deliver digital, mobile, and social collaboration capabilities – to extend KP's commitment to quality and reputation as a leader in health IT innovation. Delivered Kaiser Permanente's first member and patient facing mobile app.

Responsible for leadership over a broad set of digital programs and capabilities including:

- The Consumer Digital Strategy Program, a \$650M program to deliver patient digital experiences (web and mobile) to KP's 12.2 Million members. These digital assets have registration rates of 70%+, with more than 300 million visits per year, providing patient access to services like virtual visits, online appointing, lab results, messaging clinicians and member services, prescription orders.
- Lead an Innovation and Advanced Technology organization and governed, as co-chair of an associated IT Technology Innovation Fund
- Re-imagining Ambulatory Delivery (RAD), delivering a set of facility-based member visit experiences enabled with digital and mobile technologies, across 8 regions and hundreds of facilities, transforming the way clinical staff engage with members in the physical space. Appointment Express Check-In, a Digital Membership Card, and Virtual Assistants are a few examples of the first of their kind, award winning capabilities born out of this innovative body of work.
- Analytics 2.0 Project, a \$165M program, to deliver a cloud-base (Azure) Analytics Digital Foundation for the enterprise, as well as transition 25+ data warehouses to the Azure Cloud, resulting in \$millions of savings for the organization and consolidation of disparate data sources

## **Vice President, Infrastructure Transformation Program and Chief of Staff to CIO**

**January 2008 – December 2012**

Accountable executive for a multi-year, \$2.0 Billion Program to modernize the Data Center, Disaster Recover, Network (WAN, LAN and Wireless), Voice-over-IP Telephony and Resiliency strategies and capabilities. Also served as the Chief of Staff to Kaiser Permanente's Chief Information Officer (CIO). In the Chief of Staff role, responsible for IT's Strategy and the Technology Strategy for the enterprise.

## **VP, Business Information Officer – National Facilities Services**

**2005 – December 2008**

Drove the delivery of technology products, services and program delivery to Kaiser Permanente's facility capital plan, inclusive of hospitals, medical office buildings and administrative space. Provided leadership for the design, delivery and implementation of a broad set of technologies for 7+ hospitals, several dozen Medical Office Buildings and the build out of the Napa and Pleasanton Data Centers.

## **Executive Director, Human Resources Systems. 2004**

Responsible for Kaiser Permanente's application portfolio and program delivery for Human Resources.

Throughout my tenure at Kaiser Permanente, I have served on Kaiser Permanente's National Supplier Diversity Council, which ensures the dollars spent by KP contribute to economic and environmental health and reflect the diversity of the communities KP serves. I also served as the lead sponsor of the organization's millennial and veterans' programs and as a Business Resource Group cohort adviser, mentoring leaders from across the organization who represent employee diversity groups. My deep commitment to diversity and championing of employee interests contribute to the organization's decade-long top ranking in Computerworld's Best Places to Work in IT and help make KP one of the top companies for diversity.



## Bechtel Group, Inc.

### CIO, Bechtel Business Services (BBS)

September 1982 – December 2003

Served as Information Officer for Bechtel's Shared Services organization. Establishment of BBS was grounded in process re-design and included several individual projects: (1) the definition and implementation of a global shared services organization for Bechtel, (2) the re-engineering of Bechtel's HR work processes coupled with the implementation of SAP, (3) the re-engineering of Bechtel's commercial work processes coupled with the implementation of Oracle and (4) the adoption and implementation of Six Sigma – a process improvement methodology.

**HRMS / SAP Project Manager** – Led Bechtel's first implementation of SAP R/3 Version 4.0B. The HRMS Project focused on process and system improvements to Bechtel's HR, Time Collection, Payroll and Labor Costing/Distribution. The HRMS Project provided payroll-processing capabilities for 10,000 employees – and integrated with Bechtel's suite of legacy HR and Finance/Controller applications. Successful implementation was achieved in July 1999.

**Manager of Commercial Systems** – Provided human resources, financial accounting, project accounting and payroll systems delivery and support for Bechtel's global operations.

**Manager of Bechtel's Year 2000 Program** - Led Bechtel's Year 2000 Program in partnership with Bechtel's Legal and Risk Management Organizations, IT Organizations, Clients and Suppliers on the implementation of a 3-year plan/program to ensure both legal and technology Year 2000 compliance. Program spanned operations in 140 countries, 600 projects, 100 offices and over 1000 applications, 20,000 workstations and enterprise-wide infrastructure.

### Bechtel Petroleum Inc., Software Development Manager

Manager of *ProjectWorks* software development initiatives. *ProjectWorks*, a suite of applications and tools, services the engineering, procurement, construction and project controls business processes for Bechtel's engineering and construction projects.

## Genentech, Medical Affairs

**Clinical Trials, Manager of Applications Development** - Managed the specification, development and implementation of applications for use in conducting Clinical Trials and Post-Marketing studies in Medical Affairs.

Photo





CAHPS	Jul '20 - Sep '20	Oct '20 - Dec '20	Jan '21 - Mar '21	Apr '21 - Jun '21
	Top Box	Top Box	Top Box	Top Box
Rate hospital 0-10	78.8 ▲	63.6 ▼	80.0 ▲	-
Recommend the hospital	80.6 ▲	57.6 ▼	85.0 ▲	-
Cleanliness of hospital environment	72.7 ▼	65.6 ▼	76.5 ▲	-
Quietness of hospital environment	51.6 ▼	54.5 ▲	60.0 ▲	-
Comm w/ Nurses	85.6 ▲	73.4 ▼	85.0 ▲	-
Response of Hosp Staff	70.2 ▼	67.3 ▼	78.7 ▲	-
Comm w/ Doctors	77.1 ▼	71.9 ▼	88.2 ▲	-
Hospital Environment	62.2 ▼	60.1 ▼	68.2 ▲	-
Communication About Pain	-	-	-	-
Comm About Medicines	52.0 ▲	48.7 ▼	87.5 ▲	-
Discharge Information	82.5 ▼	73.3 ▼	91.3 ▲	-
Care Transitions	40.1 ▼	44.6 ▲	70.6 ▲	-

Displayed by Discharge Date

<b>Core Measure</b>	<b>Jan 2021</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>Total</b>	<b>National</b>
HOP-18b <b>Median</b> Time ED Arrival to ED Departure - Excl'd Psych/Txfer Pts	92.0	112.0	131.0	112.00	114.00
HOP-23 Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	n/a	100.00%	100.00%	100.00%	72%
OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts	100.00%	100.00%	n/a	100.00%	91%
SEP1 - Severe Sepsis and Septic Shock Management Bundle (Composite Measure)	75.00%	100.00%	58.33%	66.67%	60%

<b>Mortality</b>	<b>Jan 2021</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>Total</b>	<b>National</b>
Congestive Heart Failure - Mortality Rate	0.00%	0.00%	0.00%	0.00%	11.3%
Chronic Obstructive Pulmonary Disease - Mortality Rate	0.00%	0.00%	n/a	0.00%	8.4%
Ischemic Stroke - Mortality Rate	0.00%	0.00%	0.00%	0.00%	13.6%
Pneumonia - Mortality Rate	0.00%	0.00%	0.00%	0.00%	15.4%
Sepsis, Severe - Mortality Rate	0.00%	0.00%	0.00%	0.00%	25.0%
Septic Shock - Mortality Rate	25.00%	0.00%	0.00%	5.56%	25.0%

<b>Patient Safety Indicator (per 1000 Acute Care Admissions (ACA))</b>	<b>Jan 2021</b>	<b>Feb 2021</b>	<b>Mar 2021</b>	<b>Total</b>	<b>National</b>
PSI-3 Pressure ulcer rate per 1000 ACA	0.00	0.00	0.00	0.00	0.65
PSI-4 Death among surgical inpatients rate	1000.00	0.00	0.00	1000.00	143.41
PSI-5 Retained Surgical Item/Device Fragment Count (volume only)	0	0	0	0	619
PSI-6 Iatrogenic pneumothorax rate	0.00	0.00	0.00	0.00	0.19
PSI-8 In-hospital fall with hip fracture rate	0.00	0.00	0.00	0.00	0.07
PSI-9 Perioperative hemorrhage or hematoma rate	0.00	0.00	0.00	0.00	2.25
PSI-10 postoperative acute kidney injury requiring dialysis rate	0.00	0.00	0.00	0.00	0.88
PSI-11 Postop Respiratory failure rate	0.00	0.00	0.00	0.00	4.41
PSI-12 Perioperative PE or DVT rate	0.00	0.00	0.00	0.00	3.37
PSI- 13 Postop Sepsis rate	0.00	0.00	0.00	0.00	3.97
PSI-14 Post op wound dehiscence rate	0.00	0.00	0.00	0.00	0.67
PSI-15 Unrecognized abdominopelvic accidental puncture or lac rate	0.00	0.00	0.00	0.00	1.04
PSI-90 Patient safety and adverse events composite rate	0.00	0.00	0.00	0.00	1.00

<b>Hospital Acquired Indicators (Per 10,000 pt days)</b>	<b>Q1.2021</b>	<b>Total</b>	<b>National</b>
HAI- 1 CLABSI Central Line Associated Blood Stream Infection	0.0000	0.000	1.000
HAI- 2 CAUTI Catheter Associated Urinary Tract Infection	0.0000	0.000	1.000

**National Quality Indicators  
Sonoma Valley Hospital**

HAI- 3 SSI Surgical Site Infection Colon Surgery	0.0000	0.000	1.000
HAI- 4 Abdominal Hysterectomy	0.0000	0.000	1.000
HAI 5- MSRA Methicillin Resistant Staphylococcus aureus Infection	0.0000	0.000	1.000
HAI 6- C. Diff Clostridium difficile Infections	0.0000	0.000	1.000

<b>Readmission</b>	<i>Jan 2021</i>	<i>Feb 2021</i>	<i>Mar 2021</i>	<b>Total</b>	<i>National</i>
Readmission 30-AMI Acute Myocardial Infarction	0.00%	0.00%	0.00%	0.00%	16.1%
Readmission 30-HF Heart Failure	0.00%	0.00%	0.00%	0.00%	21.9%
Readmission 30-PN Pneumonia	0.00%	0.00%	0.00%	0.00%	16.6%
Readmission 30-COPD Chronic Obstructive Pulmonary Disease	0.00%	0.00%	0.00%	0.00%	18.8%
Readmission 30-HIP/Knee	0.00%	50.00%	0.00%	16.67%	4.0%
Readmission 30-All Cause	1.96%	3.70%	6.43%	4.19%	15.6%

<b>Falls (per 1000 patient days)</b>	<i>Jan 2021</i>	<i>Feb 2021</i>	<i>Mar 2021</i>	<b>Total</b>	<i>National</i>
Falls with injury	0.00	0.00	0.00	0.00	3.75
Falls without injury	0.00	0.00	6.47	2.54	3.75

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

**RESOLUTION NO. 356**

**DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY  
AND BANK SIGNATURE AUTHORITY**

We, the Board of Directors of the Sonoma Valley Health Care District, hereby resolve to delegate to the President and Chief Executive Officer, John Hennelly, and to SVHCD Board Member Joshua Rymer, the authority to represent the District Board and the authority to execute or accept licensing citations and grant applications and related documents in connection with Sonoma Valley Hospital. In addition we the Board of Directors hereby resolve to grant bank signature authority to President and Chief Executive Officer John Hennelly and to SVHCD Board Member Joshua Rymer. All prior authorized signatures are hereby revoked.

**PASSED AND ADOPTED** this 6<sup>th</sup> day of May, 2021, at Sonoma, California.

AYES:             5    
NOES:                   
ABSENT:                
ABSTAIN:             

\_\_\_\_\_  
Joshua Rymer, Chair  
SONOMA VALLEY HEALTH CARE DISTRICT

ATTEST:

\_\_\_\_\_  
Judith Bjorndal, Secretary  
SONOMA VALLEY HEALTH CARE DISTRICT



**To:** SVHCD Board of Directors  
**Meeting Date:** May 6, 2021  
**Prepared by:** Fe Sendaydiego, CIO  
**Agenda Item Title:** Encrypted Secure Email: Microsoft Upgrade Cost Approval

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**Background:**

In response to the cyber security event of October 2020 as well as the Office of Civil Rights Audit, SVH must enable advanced email encryption services.

**Proposal:**

Institute secure email encryption through Microsoft Office with a 3 year agreement. The “packages” that include secure email with encryption also include access to Microsoft office. There are two levels of use recommended: one for frontline, light users, and one for “knowledge” workers.

1. Backup for Microsoft Office for 375 users
2. Email Encryption for Office 365 for 375 users
3. Email Protection for Office 365 for 375 users
4. Microsoft 365 Enterprise E3 for 200 knowledge workers
5. Microsoft 365 F3 for 175 frontline workers

**Services Included in Proposed Agreement:**

1. Onboarding services from Intermedia to assist Sonoma Valley Hospital Information Systems department to deploy all new licenses to the 375 users.
2. License upgrade for our Microsoft Office Suite from 2013 Desktop version to the Office365 Suite Online Edition.

**Cost comparison:**

- FY2020 fixed annual cost: \$73,296.
- FY2021 actual year to date cost (July 2020-April 2021): \$57,625
- Proposed annual cost: \$125, 925
- Annual year over year increase: \$75,744

**Potential Savings:**

The Intermedia proposal, if signed in April, includes up to three (3) months at no cost if we are able to deploy the new licenses in May. The value of this is \$10,493 a month for a total of \$32,475. The first invoice would be due August 2021.

**Alternatives:**

Continue current status without encryption which would be out of compliance with the OCR Audit Corrective Action Plan and would leave SVH vulnerable to future attacks and data breaches. Use third party only software which also leaves SVH with similar gaps in coverage.

**Request for Approval:**

This request is for the Board's approval to give John Hennelly, President and CEO permission to sign a 36 month agreement with Intermedia for \$377,775. The annual cost is \$125,925 a year or \$10,494 a month.



**To:** SVHCD Board of Directors  
**Meeting Date:** May 6, 2021  
**Prepared by:** Sabrina Kidd, MD, CMO  
**Agenda Item Title:** CMO Board Report

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April's focus began the transition from "all COVID all the time" to more routine hospital operations and a focus on quality improvement initiatives including significant work in our Surgical care areas, the kickoff of our new Banyan virtual case management service, and continued work on the orthopedic peri-operative surgical home.

April Highlights Include:

1. COVID-19: There were no COVID-19 inpatients at SVH in the month of April. We are now focusing on testing of unvaccinated staff as well as de-escalation criteria and plans as COVID numbers continue to decline. We continue to routinely test 100% of our inpatients and pre-operative patients as well as un-vaccinated staff.
2. GI Services:
  - a. Continuing to explore options with UCSF Affiliates Network including leads with a private physician, John Muir Health, and Marin GI.
3. Med-Surg / ICU / Surgery / ED Updates:
  - a. Inpatient med-surg unit volumes have remained steady and near daily census budgeted goals.
  - b. We have begun the transition to our new 7 day a week case management program through Banyan, a virtual case management solution. The new case manager has begun her onsite training. She will be supported by our onsite case manager assistant and our social worker.
  - c. Our hospitalists and ED physicians are doing some continuing education around palliative care as part of our current Hospitalist Performance improvement metrics plan and in conjunction with our inpatient services palliative care initiative.
  - d. Six RNs were selected for Daisy Awards during Nurses Week.
  - e. Rate My Hospital Inpatient Texting/Rounding Tool for patient feedback resumed May 1.
4. Medical Staff:
  - a. April meetings included Performance Improvement and Medical Executive Committees.
  - b. Nominations are being gathered for the July transition of Medical Staff officer positions.
5. Quality:
  - a. Reportable Events: None
  - b. Orthopedic Peri-operative Surgical Home: Project to streamline and standardize total joint operations from the time of the decision for surgery through 30 days post-op. We made significant progress with the flow and order sets and are moving forward with "Phase 1" of our implementation.
  - c. Central Sterile / OR Improvement Project: Inter-disciplinary effort to improve and streamline multiple processes in Peri-operative services including central sterile and



supply / inventory management. This will result in more efficiency, increased quality, and cost savings.

- d. We are exploring expanding the use of the Elemeno platform from its current use as a COVID-19 information portal to be a comprehensive staff education portal.



**To:** SVHCD Board of Directors  
**From:** Administrative Team  
**Date:** 5/6/2021  
**Subject:** Administrative Report

**Summary: Covid cases continued to drop in April. Vaccinations of staff continue to rise. April saw growth in non-Covid volumes in both in and out patient areas. Phase 1 of the ODC is currently scheduled to open in June following the resolution of several inspection issues.**

**Update from 2025 Strategic Plan:**

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	<ul style="list-style-type: none"> <li>➤ We continue to work with UCSF on a service agreement for IT services and a contract enabling UCSF to host EPIC for SVH. While there are some significant hurdles, the team sees opportunity given the right structure. UCSF launched an EPIC implementation at Marin Health this week. In order for SVH to realize sizable savings from UCSF, SVH would need to join the Marin implementation. UCSF has estimated that the latest possible date to join is 6/30.</li> </ul>
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> <li>➤ Phase 1 of ODC should be completed in the next few weeks. The only remaining items are modifications needed after the project went through its final inspection. Opening is planned for June 2021.</li> <li>➤ I have begun meeting with key community groups including Vintage House, La Luz and the Chamber of Commerce. While there are various opportunities to collaborate, one common theme is housing. All three groups expressed significant concerns about housing deficits in Sonoma.</li> <li>➤ SVH Foundation, in concert with UCSF, is set to host the Women's Health Symposium on Thursday May 13<sup>th</sup>.</li> </ul>
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> <li>➤ Patient Satisfaction scores continue to exceed targets in most areas, aided by lower than normal volumes across the organization.</li> <li>➤ SVH will reintroduce a texting service designed to allow patients to provide real time feedback to the organization. The tool has been successfully used in the past.</li> </ul>
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> <li>➤ The team continues to work on recruitment efforts to bring MDs to Sonoma.</li> </ul>
Be a Healthy Hospital	<ul style="list-style-type: none"> <li>➤ Hospital vaccination rates are approaching 90%.</li> <li>➤ HR is scheduled to implement a new HRIS system in May. The new system will make it easier for employees to access their data, make changes, converse with their superior and each other.</li> </ul>

## MARCH 2021

			National Benchmark
<b>Patient Experience</b>	<b>Current Performance</b>	<b>FY 2021 Goal</b>	
Would Recommend Hospital		> 70 percent	50th percentile
Inpatient Overall Satisfaction		>70 percent	50 <sup>th</sup> percentile
Outpatient Services	4.86	4.5	3.8
Emergency Department	4.68	4.5	3.8
<b>Quality &amp; Safety</b>	<b>YTD Performance</b>	<b>FY 2021 Goal</b>	<b>Benchmark</b>
Central Line Infection	0	<1	<.51
Catheter Infection	0	<1	<1.04
Surgery Site Infection – Colon	0	<1	N/A
Surgery Site Infection – Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Difficile	0	3.5	2.7/10,000 pt days
Patient Safety Indicator	0	<1	<1
Heart Failure Mortality Rate	0.0%	12%	12.9%
Pneumonia Mortality Rate	0.0%	20%	15.6%
Stroke Mortality Rate	0.0%	15%	13.8%
Sepsis Mortality Rate	5.6%	<18%	25%
30 Day All- Cause Readmissions	4.19%	< 15.3 %	< 15%
Serious Safety Events	0	0	0
Falls	0.53	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	11	< 10	17
Adverse Drug Events with Harm		0	0
Reportable HIPAA Privacy Events		0	0
Case Mix Index		1.4	1.3
Hospital Star Rating	3	4	3
<b>Staff Satisfaction</b>	<b>Performance</b>	<b>FY 2021 Goal</b>	<b>Benchmark</b>
Staff Pulse Survey	4.05 out of 5	>3.8	75%
Turnover	12.2%	< 15%	< 20%
<b>Financial Stability</b>	<b>YTD Performance</b>	<b>FY 2021 Goal</b>	<b>Benchmark</b>
EBDA	0.9%	>3%	3%
Paid FTE's	231	<235	235
Days Cash on Hand	36.3	>30	30
Days in Accounts Receivable	46.9	<45	50
Length of Stay	4.5	<4.0	4.03
Funds raised by SVHF	\$21.1 million	\$21 million	\$1 million
<b>Strategic Growth</b>	<b>YTD/Projected</b>	<b>FY 2021 Goal</b>	<b>FY 2020</b>
Inpatient Discharges		850	862
Outpatient Visits		48,000	47,802
Emergency Visits		10,000	9784
Surgeries + Special Procedures		2000	2226
Community Benefit Hours	1121	800	1332

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

## TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2021	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2020	May 2020	Jun 2020
FY YTD Turnover	<15%	2.1	3.4	3.5	3.9	7	7	8.3	10.5	12.2	7.3	8.2	8.2
Leave of Absences	<12	6	8	10	13	13	13	15	17	17	13	13	9
EBDA	>3%	-8	-7	-18	-4.4	-27		-26	-12.1	0.9	-13.9	253	-8.9
Operating Revenue	>3.5m	3.58	3.52	3.19	3.7	3.0	5.1	3.2	3.4	4.1	2.8	1.3	3.4
Net Income	>50k	418	658	-576	-235	1.4	823	-529	-666	339	-297	3600	-565
Days Cash on Hand	>30	73	68.6	63	60	35.4	32.9	30.6	31.9	36.3	43.1	87.1	81
Receivable Days	<50	40	39	39	53.2	69.6	66.1	53.7	49.9	46.9	35.5	44	49
Accounts Payable Days	>50	35	31.6	40	58.3	53.3	45.4	47.4	47.6	47.2	41.9	35.2	40.7
Accounts Payable	<\$3m	2.3	2.1	2.85	4.0	3.8	2.9	3.4	3.5	3.4	2.9	2.4	2.8
Total Paid FTE's	<235	230	229	226	204	230	227	225	234	231	190	205	225
Inpatient Discharges	>80	75	65	60	64	57	65	63	54	69	39	44	65
Patient Days	>300	324	314	214	230	230	294	230	243	309	156	179	238
Observation Days	<20	20	21	32	18	11	21	15	15	16	13	9	16
Average Daily Census	>10	10.5	10.1	7.1	3.6	10.6	9.5	7.4	8.7	10	5.2	5.8	7.9
Outpatient Revenue	>\$15m	16.1	14.9	14.6	9.4	12.6	8.6	8.6	9.1	10.4	7.1	10.5	14.6
Surgeries	>120	115	114	115	121	111	123	102	99	133	17	34	116
Special Procedures	>50	37	34	57	47	50	50	27	45	55	1	8	46
Emergency Visits	>800	735	723	653	696	674	674	673	616	769	529	645	695
MRI	>120	93	84	N/A	114	145	159	100	116	144	39	68	116
Cardiology (Echos)	>65	63	71	N/A	88	46	85	56	55	84	35	52	70
Laboratory	>11	12.6	12.1	N/A	4	9.9	15.9	10.9	10.9	12.7	5.5	8.5	11.1
Radiology	>900	883	806	N/A	241	778	1090	766	776	891	420	572	797
Rehab	>2000	2206	1664	N/A	971	2207	3463	2062	2155	5	566	1182	1984
CT	>350	382	426	N/A	117	356	525	340	432	467	263	367	401
Mammography	>200	213	179	N/A	75	129	158	192	175	188	15	87	228
Ultrasound	>250	228	253	N/A	76	189	248	188	245	319	110	163	272
Occupational Health	>550	580	426	N/A	534	331	458	365	500	491	392	380	462
Wound Care	>275	191	154	N/A	90	148	227	227	237	176	140	112	164



**To:** SVH Finance Committee  
**From:** Ken Jensen, CFO  
**Date:** April 27, 2021  
**Subject:** Financial Report for the Month Ending March 31, 2021

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During the month of March the hospital experienced higher volumes than previous months. For the month of March the hospital's actual operating margin of (\$533,310) was \$41,192 favorable to the budgeted operating margin of (\$574,502). After accounting for all other activity, the net income for March was \$338,521 vs. the budgeted net income of \$225,282 with a monthly EBDA of 0.9% vs. a budgeted 0.3%.

**Gross patient revenue** for March was \$23,969,318; (\$231,411) under budget. Inpatient gross revenue was under budget by (\$472,105). Inpatient days were under budget by (1) day and inpatient surgeries were under budget by (2) cases. Outpatient gross revenue was over budget by \$143,257. Outpatient visits were over budget by 1,310 visits, outpatient surgeries were under budget by (34) cases, and special procedures were under budget by (27) cases. The Emergency Room gross revenue was over budget by \$97,437 with ER visits under budgeted expectations by (234) visits. The increase in ER gross revenue is primarily due to higher acuity visits and an increase in CT scans.

**Deductions from revenue** were favorable to budgeted expectations by \$183,089.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (\$40,086).

**Operating expenses** of \$4,633,510 were favorable to budget by \$81,278. Salaries and wages and agency fees were under budget by \$28,991 from the CFO and CMO salary costs now in contracted labor. Contracted labor was over budget by (\$15,452) due to the UCSF contracted labor costs for the CFO and CMO. Supplies were over budget by (\$6,047) due to an increase in costs in the lab due to COVID testing (\$40,242) supplies for in-house testing. The supply overage in the lab was offset by other departments being under budget due to lower than budgeted volumes.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for March was (\$217,931) vs. a budgeted net loss of (\$254,927). In the month of March the hospital received \$370,418 in donations from the Sonoma Valley Hospital Foundation primarily for the ODC construction costs. The total net income for March after all activity was \$338,521 vs. a budgeted net income of \$225,282.



EBDA for the month of March was 0.9% vs. the budgeted 0.3%.

**Patient Volumes – March**

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	69	83	-14	63
Acute Patient Days	309	310	-1	218
Observation Days	16		16	16
OP Gross Revenue	\$17,755	\$17,514	\$241	\$12,309
Surgical Cases	133	169	-36	80

**Gross Revenue Overall Payer Mix – March**

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	40.8%	42.1%	-1.3%	40.4%	42.2%	-1.8%
Medicare Mgd Care	14.4%	13.3%	1.1%	15.3%	13.3%	2.0%
Medi-Cal	17.6%	17.8%	-0.2%	18.7%	17.8%	0.9%
Self Pay	1.2%	1.9%	-0.7%	1.2%	1.9%	-0.7%
Commercial	21.1%	22.2%	-1.1%	21.4%	22.2%	-0.8%
Workers Comp	4.9%	2.7%	2.2%	3.0%	2.6%	0.4%
Total	100.0%	100.0%		100.0%	100.0%	

**Cash Activity for March:**

For the month of March the cash collection goal was \$2,747,222 and the Hospital collected \$3,761,140 or over the goal by \$1,013,918. The year-to-date cash collection goal was \$27,059,987 and the Hospital has collected \$27,306,543 or over goal by \$246,556.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	36.3	31.9	4.4	15.6
Accounts Receivable Days	46.9	49.9	-3.0	36.9
Accounts Payable	\$3,446,736	\$3,465,299	-\$18,563	\$3,775,082
Accounts Payable Days	47.2	47.6	-0.4	53.4

**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 March 31, 2021**

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,772,002	10,179,045	-407,043	-4.0%	73,204,208	82,395,452	-9,191,244	-11.2%
Medicare Managed Care	3,438,025	3,219,487	218,538	6.8%	27,797,209	26,017,938	1,779,271	6.8%
Medi-Cal	4,223,608	4,295,229	-71,621	-1.7%	33,924,354	34,728,281	-803,927	-2.3%
Self Pay	282,021	457,821	-175,800	-38.4%	2,209,201	3,687,553	-1,478,352	-40.1%
Commercial & Other Government	5,069,164	5,407,887	-338,723	-6.3%	38,793,747	43,648,680	-4,854,933	-11.1%
Worker's Comp.	1,184,498	641,260	543,238	84.7%	5,488,472	5,162,099	326,373	6.3%
<b>Total</b>	<b>23,969,318</b>	<b>24,200,729</b>	<b>(231,411)</b>		<b>181,417,191</b>	<b>195,640,003</b>	<b>(14,222,812)</b>	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,202,933	1,279,418	-76,485	-6.0%	8,754,260	10,027,090	-1,272,830	-12.7%
Medicare Managed Care	382,652	346,417	36,235	10.5%	3,078,518	2,882,488	196,030	6.8%
Medi-Cal	454,460	454,865	-405	-0.1%	3,591,892	3,757,004	-165,112	-4.4%
Self Pay	191,492	214,123	-22,631	-10.6%	1,137,772	1,705,207	-567,435	-33.3%
Commercial & Other Government	1,544,734	1,647,737	-103,003	-6.3%	11,755,529	13,755,805	-2,000,276	-14.5%
Worker's Comp.	221,146	116,645	104,501	89.6%	1,035,910	961,626	74,284	7.7%
Prior Period Adj/IGT	13,466	-	13,466	*	2,722,416	1,100,000	1,622,416	*
<b>Total</b>	<b>4,010,883</b>	<b>4,059,205</b>	<b>(48,322)</b>	<b>-1.2%</b>	<b>32,076,297</b>	<b>34,189,220</b>	<b>(2,112,923)</b>	<b>-6.2%</b>

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	30.0%	31.5%	-1.5%	-4.8%	27.3%	29.3%	-2.1%	-7.2%
Medicare Managed Care	9.5%	8.5%	1.0%	11.8%	9.6%	8.4%	1.2%	14.3%
Medi-Cal	11.3%	11.2%	0.1%	0.9%	11.2%	11.0%	0.2%	1.8%
Self Pay	4.8%	5.3%	-0.5%	-9.4%	3.5%	5.0%	-1.5%	-30.0%
Commercial & Other Government	38.6%	40.6%	-2.0%	-4.9%	36.7%	40.3%	-3.6%	-8.9%
Worker's Comp.	5.5%	2.9%	2.6%	89.7%	3.2%	2.8%	0.4%	14.3%
Prior Period Adj/IGT	0.3%	0.0%	0.3%	*	8.5%	3.2%	5.3%	166%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-0.1%</b>	<b>-0.1%</b>

Projected Collection Percentage:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	12.3%	12.6%	-0.3%	-2.4%	12.0%	12.2%	-0.2%	-1.6%
Medicare Managed Care	11.1%	10.8%	0.3%	2.8%	11.1%	11.1%	0.0%	0.0%
Medi-Cal	10.8%	10.6%	0.2%	1.9%	10.6%	10.8%	-0.2%	-1.9%
Self Pay	67.9%	46.8%	21.1%	45.1%	51.5%	46.2%	5.3%	11.5%
Commercial & Other Government	30.5%	30.5%	0.0%	0.0%	30.3%	31.5%	-1.2%	-3.8%
Worker's Comp.	18.7%	18.2%	0.5%	2.7%	18.9%	18.6%	0.3%	1.6%

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

**ATTACHMENT B**

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 03/31/21</u>	<u>Budget 03/31/21</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 03/31/21</u>	<u>Budget 03/31/21</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 03/31/20</u>
<b>Inpatient Utilization</b>								
<b>Discharges</b>								
1	51	67	(16)	Med/Surg	451	549	(98)	572
2	18	16	2	ICU	121	137	(16)	142
3	69	83	(14)	Total Discharges	572	686	(114)	714
<b>Patient Days:</b>								
4	203	225	(22)	Med/Surg	1,567	1,858	(291)	1,921
5	106	85	21	ICU	830	706	124	731
6	309	310	(1)	Total Patient Days	2,397	2,564	(167)	2,652
7	16	-	16	<b>Observation days</b>	169	-	169	159
<b>Average Length of Stay:</b>								
8	4.0	3.4	0.6	Med/Surg	3.5	3.4	0.1	3.4
9	5.9	5.3	0.6	ICU	6.9	5.2	1.7	5.1
10	4.5	3.7	0.7	Avg. Length of Stay	4.2	3.7	0.5	3.7
<b>Average Daily Census:</b>								
11	6.5	7.3	(0.7)	Med/Surg	5.7	6.8	(1.1)	7.0
12	3.4	2.7	0.7	ICU	3.0	2.6	0.5	2.7
13	10.0	10.0	(0.0)	Avg. Daily Census	8.7	9.4	(0.6)	9.7
<b>Other Utilization Statistics</b>								
<b>Emergency Room Statistics</b>								
14	769	1,003	(234)	Total ER Visits	6,213	8,082	(1,869)	7,974
<b>Outpatient Statistics:</b>								
15	4,590	3,280	1,310	Total Outpatients Visits	35,158	37,752	(2,594)	39,391
16	23	25	(2)	IP Surgeries	143	204	(61)	202
17	110	144	(34)	OP Surgeries	890	1,158	(268)	1,164
18	55	82	(27)	Special Procedures	402	663	(261)	623
19	266	300	(34)	Adjusted Discharges	2,108	2,428	(320)	2,663
20	1,191	1,121	70	Adjusted Patient Days	8,796	9,078	(282)	9,869
21	38.4	36.1	2.3	Adj. Avg. Daily Census	32.1	33.1	(1.0)	36.0
22	1.3380	1.4000	(0.062)	Case Mix Index - Medicare	1.5690	1.4000	0.169	1.3651
23	1.4010	1.4000	0.001	Case Mix Index - All payers	1.4974	1.4000	0.097	1.5255
<b>Labor Statistics</b>								
24	219	222	3	FTE's - Worked	207	217	9.3	208
25	231	248	17	FTE's - Paid	228	242	13.5	231
26	48.51	45.93	(2.57)	Average Hourly Rate	46.68	45.28	(1.40)	45.23
27	6.01	6.85	0.83	FTE / Adj. Pat Day	7.11	7.29	0.19	6.42
28	34.3	39.0	4.7	Manhours / Adj. Pat Day	40.5	41.6	1.1	36.6
29	153.5	145.7	(7.7)	Manhours / Adj. Discharge	169.0	155.4	(13.6)	135.6
30	23.0%	21.9%	-1.1%	Benefits % of Salaries	22.1%	22.5%	0.4%	22.6%
<b>Non-Labor Statistics</b>								
31	14.9%	14.6%	-0.3%	Supply Expense % Net Revenue	17.1%	14.7%	-2.4%	12.5%
32	2,253	1,976	(276)	Supply Exp. / Adj. Discharge	2,410	2,064	(346)	1,875
33	17,763	16,013	(1,750)	Total Expense / Adj. Discharge	19,761	17,273	(2,488)	16,154
<b>Other Indicators</b>								
34	34.9			Days Cash - Operating Funds				
35	46.9	50.0	(3.1)	Days in Net AR	50.9	50.0	0.9	42.8
36	137%			Collections % of Net Revenue	101%			100.6%
37	47.2	55.0	(7.8)	Days in Accounts Payable	47.2	55.0	(7.8)	47.8
38	16.7%	16.8%	0.0%	% Net revenue to Gross revenue	16.4%	17.5%	-1.1%	20.5%
39	17.9%			% Net AR to Gross AR	17.9%			18.0%



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

**ATTACHMENT C**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	\$ 1,275,042	\$ 2,861,564	\$ 2,351,588
2 Cash - Money Market	3,638,083	1,737,651	235,051
3 Net Patient Receivables	6,446,661	7,678,304	5,785,337
4 Allow Uncollect Accts	(1,006,831)	(1,013,225)	(1,199,855)
5 Net A/R	5,439,830	6,665,079	4,585,482
6 Other Accts/Notes Rec	1,832,721	610,501	305,220
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	184,922	1,871,339	6,986,284
10 Inventory	883,604	889,518	976,674
11 Prepaid Expenses	774,496	653,441	738,528
12 Total Current Assets	\$ 17,193,130	\$ 20,211,132	\$ 19,042,880
13 Property, Plant & Equip, Net	\$ 52,688,262	\$ 52,487,746	\$ 49,309,380
14 Trustee Funds - GO Bonds	4,573,447	3,353,994	4,187,441
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 75,454,839	\$ 77,052,872	\$ 72,539,701
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17 Accounts Payable	\$ 3,446,736	\$ 3,229,066	\$ 3,775,082
18 Accrued Compensation	3,693,562	3,738,782	3,194,538
19 Interest Payable - GO Bonds	179,447	448,641	190,847
20 Accrued Expenses	1,822,435	1,639,114	1,636,215
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	949,985	1,899,986	949,989
23 Deferred GO Bond Tax Revenue	827,300	1,654,595	776,201
24 Current Maturities-LTD	285,430	308,922	351,797
25 Line of Credit - Union Bank	-	5,473,734	5,473,734
26 Other Liabilities	5,726,146	120,580	1,041,036
27 Total Current Liabilities	\$ 16,931,041	\$ 18,513,420	\$ 17,389,439
28 Long Term Debt, net current portion	\$ 27,190,475	\$ 26,721,564	\$ 28,734,173
29 Fund Balances:			
30 Unrestricted	\$ 16,569,661	\$ 17,988,539	\$ 17,854,532
31 Restricted	14,763,662	13,829,349	8,561,557
32 Total Fund Balances	\$ 31,333,323	\$ 31,817,888	\$ 26,416,089
33 Total Liabilities & Fund Balances	\$ 75,454,839	\$ 77,052,872	\$ 72,539,701

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	69	83	(14)	-17%	Acute Discharges	572	686	(114)	-17%	714	
2	309	310	(1)	0%	Patient Days	2,397	2,564	(167)	-7%	2,652	
3	16	-	16	0%	Observation Days	169	-	169	*	159	
4	17,755	17,514	241	1%	Gross O/P Revenue (000's)	132,060	140,459	(8,399)	-6%	\$ 142,272	
<b>Financial Results</b>											
<b>Gross Patient Revenue</b>											
5	\$ 6,214,199	\$ 6,686,304	(472,105)	-7%	Inpatient	\$ 49,357,402	\$ 55,180,847	(5,823,445)	-11%	\$ 52,419,148	
6	10,423,917	10,280,660	143,257	1%	Outpatient	79,387,007	82,403,094	(3,016,087)	-4%	82,283,931	
7	7,331,202	7,233,765	97,437	1%	Emergency	52,672,782	58,056,062	(5,383,280)	-9%	60,284,213	
8	\$ 23,969,318	\$ 24,200,729	(231,411)	-1%	<b>Total Gross Patient Revenue</b>	\$ 181,417,191	\$ 195,640,003	(14,222,812)	-7%	\$ 194,987,292	
<b>Deductions from Revenue</b>											
9	(19,869,138)	(19,928,416)	59,278	0%	Contractual Discounts	\$ (150,757,547)	\$ (160,632,811)	9,875,264	6%	\$ (153,206,903)	
10	(100,000)	(200,000)	100,000	50%	Bad Debt	(1,070,000)	(1,800,000)	730,000	41%	(1,830,000)	
11	(2,743)	(13,108)	10,365	79%	Charity Care Provision	(235,743)	(117,972)	(117,771)	-100%	(80,192)	
12	13,446	-	13,446	*	Prior Period Adj/Government Program Revenue	2,722,396	1,100,000	1,622,396	147%	-	
13	\$ (19,958,435)	\$ (20,141,524)	183,089	-1%	<b>Total Deductions from Revenue</b>	\$ (149,340,894)	\$ (161,450,783)	12,109,889	-8%	\$ (155,117,095)	
14	\$ 4,010,883	\$ 4,059,205	(48,322)	-1%	<b>Net Patient Service Revenue</b>	\$ 32,076,297	\$ 34,189,220	(2,112,923)	-6%	\$ 39,870,197	
15	\$ 89,317	\$ 81,081	8,236	10%	Other Op Rev & Electronic Health Records	\$ 769,592	\$ 729,729	39,863	5%	\$ 603,616	
16	\$ 4,100,200	\$ 4,140,286	(40,086)	-1%	<b>Total Operating Revenue</b>	\$ 32,845,889	\$ 34,918,949	\$ (2,073,060)	-6%	\$ 40,473,813	
<b>Operating Expenses</b>											
17	\$ 1,979,471	\$ 2,008,462	28,991	1%	Salary and Wages and Agency Fees	\$ 16,633,807	\$ 17,086,082	452,275	3%	\$ 16,332,224	
18	662,988	708,689	45,701	6%	Employee Benefits	5,909,598	6,133,123	223,525	4%	5,907,454	
19	\$ 2,642,459	\$ 2,717,151	74,692	3%	Total People Cost	\$ 22,543,405	\$ 23,219,205	675,800	3%	\$ 22,239,678	
20	\$ 466,390	\$ 450,938	(15,452)	-3%	Med and Prof Fees (excl Agency)	\$ 3,917,998	\$ 3,885,572	(32,426)	-1%	\$ 3,860,935	
21	598,987	592,940	(6,047)	-1%	Supplies	5,079,467	5,011,288	(68,179)	-1%	4,992,043	
22	405,953	428,750	22,797	5%	Purchased Services	3,851,279	3,729,166	(122,113)	-3%	3,423,539	
23	253,728	266,953	13,225	5%	Depreciation	2,299,186	2,402,577	103,391	4%	2,332,579	
24	87,639	86,414	(1,225)	-1%	Utilities	1,031,789	891,911	(139,878)	-16%	892,824	
25	43,196	42,599	(597)	-1%	Insurance	403,188	383,391	(19,797)	-5%	350,310	
26	17,015	23,821	6,806	29%	Interest	158,013	214,389	56,376	26%	288,693	
27	118,143	105,222	(12,921)	-12%	Other	936,959	966,489	29,530	3%	899,580	
28	-	-	-	*	Matching Fees (Government Programs)	620,237	425,000	(195,237)	46%	2,765,336	
29	\$ 4,633,510	\$ 4,714,788	81,278	2%	<b>Operating expenses</b>	\$ 40,841,521	\$ 41,128,988	287,467	1%	\$ 42,045,517	
30	\$ (533,310)	\$ (574,502)	41,192	7%	<b>Operating Margin</b>	\$ (7,995,632)	\$ (6,210,039)	(1,785,593)	-29%	\$ (1,571,704)	

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

ATTACHMENT D

	Month					Year-To- Date				YTD Prior Year
	This Year		Variance			This Year		Variance		
	Actual		\$	%		Actual	Budget	\$	%	
<b>31</b>	\$ (1,288)	\$ 2,908	(4,196)	-144%						\$ 2,000,587
<b>32</b>	-	-	-	0%						13,461
<b>33</b>	-	-	-	*						(107,328)
<b>34</b>	316,667	316,667	-	0%						2,850,003
<b>35</b>	0	0	-	0%						(5,444)
<b>36</b>	<u>\$ 315,379</u>	<u>\$ 319,575</u>	<u>(4,196)</u>	<u>-1%</u>						<u>\$ 4,751,279</u>
<b>37</b>	<u>\$ (217,931)</u>	<u>\$ (254,927)</u>	<u>36,996</u>	<u>-15%</u>	<b>Net Income / (Loss) prior to Restricted Contributions</b>	<u>\$ (5,120,949)</u>	<u>\$ (3,331,843)</u>	<u>(1,789,142)</u>	<u>54%</u>	<u>\$ 3,179,575</u>
<b>38</b>	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -
<b>39</b>	\$ 370,418	\$ 294,175	76,243	0%	Restricted Foundation Contributions	\$ 5,468,729	\$ 2,647,575	2,821,154	100%	\$ 1,692,855
<b>40</b>	<u>\$ 152,487</u>	<u>\$ 39,248</u>	<u>113,239</u>	<u>289%</u>	<b>Net Income / (Loss) w/ Restricted Contributions</b>	<u>\$ 347,780</u>	<u>\$ (684,268)</u>	<u>1,032,048</u>	<u>-151%</u>	<u>\$ 4,872,430</u>
<b>41</b>	186,034	186,034	-	0%	GO Bond Activity, Net	1,668,606	1,668,606	-	0%	1,464,372
<b>42</b>	<u>\$ 338,521</u>	<u>\$ 225,282</u>	<u>113,239</u>	<u>50%</u>	<b>Net Income/(Loss) w GO Bond Activity</b>	<u>\$ 2,016,386</u>	<u>\$ 984,338</u>	<u>1,032,048</u>	<u>105%</u>	<u>\$ 6,336,802</u>
	\$ 35,797	\$ 12,026	23,771		<b>EBDA - Not including Restricted Contributions</b>	\$ (2,821,763)	\$ (929,266)	(1,892,497)		\$ 5,512,154
	0.9%	0.3%				-8.6%	-2.7%			13.6%

\* Operating Margin without Depreciation expense:

\$ (533,310)	\$ (574,502)	\$ 41,192	7%	<b>Operating Margin</b>	\$ (7,995,632)	\$ (6,210,039)	\$ (1,785,593)	-29%
253,728	266,953	13,225	5%	Add back Depreciation	2,299,186	2,402,577	103,391	4%
<u>\$ (279,582)</u>	<u>\$ (307,549)</u>	<u>\$ 54,417</u>	<u>9%</u>	<b>Operating Margin without Depreciation expense</b>	<u>\$ (5,696,446)</u>	<u>\$ (3,807,462)</u>	<u>\$ (1,682,202)</u>	<u>-50%</u>

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

**ATTACHMENT E**

<b>Operating Expenses</b>	<b>YTD Variance</b>	<b>Month Variance</b>	
Salary and Wages and Agency Fees	452,275	28,991	Salaries and wages are under budget by \$101,482 and agency fees are over budget by (\$72,491). Nursing registry companies have increased their hourly costs due to COVID-19.
Employee Benefits	223,525	45,701	
<b>Total People Cost</b>	<b>675,800</b>	<b>74,692</b>	
Med and Prof Fees (excl Agency)	(32,426)	(15,452)	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	(68,179)	(6,047)	Supplies are over budget in lab (\$40,242) due to an increase in COVID-19 testing supplies. The overage was offset by other departments being under budget.
Purchased Services	(122,113)	22,797	
Depreciation	103,391	13,225	
Utilities	(139,878)	(1,225)	
Insurance	(19,797)	(597)	
Interest	56,376	6,806	
Other	29,530	(12,921)	
Matching Fees (Government Programs)	(195,237)	-	
<b>Operating expenses</b>	<b>287,467</b>	<b>81,278</b>	

Sonoma Valley Hospital  
Cash Forecast  
FY 2021

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	3,655,695	3,057,733	3,407,984	2,690,146	615,541	3,531,959	4,446,430	3,450,250	4,027,299	3,317,420	3,841,302	3,394,621	39,436,380
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	166,223	123,679	100,600	84,519	81,081	81,081	81,081	1,284,538
3 Other Non-Operating Revenue	73,172	15,194	22,125	4,004	12,969	16,141	22,280	46,486	19,733	23,796	23,796	23,796	303,492
4 Unrestricted Contributions	-	3,306	653	498	5,456		104,664		4,465				119,043
5 Line of Credit	-												
<b>Sub-Total Hospital Sources</b>	<b>3,767,135</b>	<b>3,213,385</b>	<b>3,535,999</b>	<b>2,862,859</b>	<b>751,372</b>	<b>3,714,323</b>	<b>4,697,054</b>	<b>3,597,336</b>	<b>4,136,016</b>	<b>3,422,297</b>	<b>3,946,179</b>	<b>3,499,498</b>	<b>41,143,453</b>
<b>Hospital Uses of Cash</b>													
6 Operating Expenses	5,534,264	3,523,571	3,598,086	3,371,953	2,861,765	5,271,701	4,968,063	4,675,467	4,243,978	4,468,227	4,447,890	4,395,188	51,360,153
7 Add Capital Lease Payments	7,854	88,349	7,904	7,929	74,551		8,004	27,931	14,093				244,593
8 Additional Liabilities/LOC		-											-
9 Capital Expenditures	784,429	998,868	96,188	1,281,930	2,357,570	416,954	547,191	6,372	400,594	294,175	294,175	294,175	7,772,619
<b>Total Hospital Uses</b>	<b>6,326,547</b>	<b>4,610,788</b>	<b>3,702,178</b>	<b>4,661,812</b>	<b>5,293,886</b>	<b>5,696,634</b>	<b>5,523,258</b>	<b>4,709,769</b>	<b>4,658,665</b>	<b>4,762,402</b>	<b>4,742,065</b>	<b>4,689,363</b>	<b>59,377,365</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(2,559,412)</b>	<b>(1,397,403)</b>	<b>(166,179)</b>	<b>(1,798,952)</b>	<b>(4,542,514)</b>	<b>(1,982,311)</b>	<b>(826,205)</b>	<b>(1,112,433)</b>	<b>(522,648)</b>	<b>(1,340,105)</b>	<b>(795,886)</b>	<b>(1,189,865)</b>	<b>(18,233,912)</b>
<b>Non-Hospital Sources</b>													
10 Restricted Cash/Money Market	1,000,000	1,000,000			4,500,000			(1,900,000)		2,000,000		(4,000,000)	2,600,000
11 Restricted Capital Donations	784,428	973,350	71,332	-	2,306,562	391,178	459,231	-	365,953	294,175	294,175	294,175	6,234,559
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	25,584		168,491	5,120,000	7,308,068
16 IGT - AB915								(60,772)			337,735		276,963
17 PRIME		14,229	270,000			712,947							997,176
<b>Sub-Total Non-Hospital Sources</b>	<b>2,210,637</b>	<b>2,036,729</b>	<b>449,652</b>	<b>-</b>	<b>6,687,451</b>	<b>3,181,892</b>	<b>459,231</b>	<b>23,996</b>	<b>391,537</b>	<b>3,894,175</b>	<b>800,401</b>	<b>1,414,175</b>	<b>21,549,876</b>
<b>Non-Hospital Uses of Cash</b>													
18 Matching Fees		142,041			313,968	620,237				2,288,504			3,364,750
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>-</b>	<b>142,041</b>	<b>-</b>	<b>-</b>	<b>313,968</b>	<b>620,237</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,288,504</b>	<b>-</b>	<b>-</b>	<b>3,364,750</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>2,210,637</b>	<b>1,894,688</b>	<b>449,652</b>	<b>-</b>	<b>6,373,483</b>	<b>2,561,656</b>	<b>459,231</b>	<b>23,996</b>	<b>391,537</b>	<b>1,605,671</b>	<b>800,401</b>	<b>1,414,175</b>	<b>18,185,127</b>
<b>Net Sources/Uses</b>	<b>(348,775)</b>	<b>497,285</b>	<b>283,473</b>	<b>(1,798,952)</b>	<b>1,830,969</b>	<b>579,345</b>	<b>(366,974)</b>	<b>(1,088,437)</b>	<b>(131,111)</b>	<b>265,566</b>	<b>4,515</b>	<b>224,310</b>	
Operating Cash at beginning of period	1,818,218	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,494,590	1,406,153	1,275,042	1,540,608	1,545,123	
<b>Operating Cash at End of Period</b>	<b>1,469,443</b>	<b>1,966,728</b>	<b>2,250,201</b>	<b>451,249</b>	<b>2,282,218</b>	<b>2,861,564</b>	<b>2,494,590</b>	<b>1,406,153</b>	<b>1,275,042</b>	<b>1,540,608</b>	<b>1,545,123</b>	<b>1,769,433</b>	
Money Market Account Balance - Unrestricted	8,236,372	7,236,714	6,237,010	6,237,307	1,737,535	1,737,651	1,737,760	3,637,873	3,638,083	1,638,083	1,638,083	5,638,083	
<b>Total Cash at End of Period</b>	<b>9,705,815</b>	<b>9,203,442</b>	<b>8,487,211</b>	<b>6,688,556</b>	<b>4,019,754</b>	<b>4,599,215</b>	<b>4,232,350</b>	<b>5,044,026</b>	<b>4,913,125</b>	<b>3,178,691</b>	<b>3,183,206</b>	<b>7,407,516</b>	
<b>Average Days of Cash on Hand</b>	<b>73.00</b>	<b>68.60</b>	<b>63.00</b>	<b>60.10</b>	<b>35.35</b>	<b>28.30</b>	<b>30.56</b>	<b>31.92</b>	<b>36.34</b>	<b>22.83</b>	<b>22.87</b>	<b>53.21</b>	