



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

AGENDA

**THURSDAY, JUNE 3, 2021
REGULAR SESSION 6:00 P.M.**

HELD VIA ZOOM VIDEOCONFERENCE ONLY

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

<https://sonomavalleyhospital-org.zoom.us/j/96762690659?pwd=T0NjczVGZFNFUW0vbWEvNk1Gc09mdz09>

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

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

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

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Vivian Woodall at vwoodall@sonomavalleyhospital.org at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Rymer</i>		
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. BOARD CHAIR COMMENT</p>	<i>Rymer</i>	Inform	
<p>4. CONSENT CALENDAR a. Board Minutes 05.06.21 b. Finance Committee Minutes 04.27.21 c. Quality Committee Minutes 04.28.21 d. Policies and Procedures e. Medical Staff Credentialing</p>	<i>Rymer</i>	Action	Pages 3-5 Pages 6-8 Pages 9-10 Pages 11-15
<p>5. CONSIDERATION OF FY 2022 BUDGET</p>	<i>Boerum</i>	Action	Pages 16-27

6. APPROVAL OF RESOLUTION NO. 357 – PARCEL TAX	<i>Rymer</i>	Action	Pages 28-32
7. CONSIDERATION OF REFINANCING OF GO BONDS	<i>Boerum</i>	Action	Pages 33-44
8. OUTPATIENT DIAGNOSTIC CENTER PHASE I (CT) UPDATE	<i>Hennelly</i>	Inform	
9. ELECTRONIC HEALTH RECORD (EHR) DISCUSSION	<i>Hennelly</i>	Inform	
10. DISCUSSION OF CEO GOALS FOR FY 2022	<i>Rymer/Hennelly</i>	Inform	
11. DISCUSSION REGARDING IN-PERSON BOARD MEETINGS	<i>Rymer</i>	Inform	
12. GOVERNANCE COMMITTEE REPORT: a. Recommendation that Board policies be reviewed no less frequently than every three years b. Recommendation for revision to SVHCD Bylaws adding the Affiliation Oversight Committee c. Recommendation to approve revisions to Medical Staff Bylaws	<i>Boerum</i>	Action Action Action	Pages 45-56
13. CMO REPORT	<i>Kidd</i>	Inform	Pages 57-58
14. ADMINISTRATIVE REPORT FOR MAY 2021	<i>Hennelly</i>	Inform	Pages 59-62
15. FINANCIALS FOR THE MONTH ENDED APRIL 30, 2021	<i>Jensen</i>	Inform	Pages 63-72
16. BOARD COMMENTS	<i>Board Members</i>	Inform	
17. ADJOURN	<i>Rymer</i>		

Note: To view this meeting you may visit <http://sonomatv.org/> or YouTube.com.



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

MINUTES

THURSDAY, MAY 6, 2021

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Rymer</i>	
The meeting was called to order at 6:00 p.m.		
2. PUBLIC COMMENT ON CLOSED SESSION		
3. CLOSED SESSION		
<ul style="list-style-type: none"> a. <u>Calif. Government Code § 54956.9(d)(1)</u>: Conference Regarding Existing Litigation – One Case, Case Name Unspecified b. <u>Calif. Government Code § 54956.9(d)(4)</u>: Conference Regarding Potential Litigation and Decision Whether to Initiate Litigation – One Potential Case c. <u>Calif. Government Code § 37606 and Health and Safety Code § 32106</u>: Trade Secret Regarding Proposed New Services 		
4. REPORT ON CLOSED SESSION		
Mr. Rymer reported that the Board met in closed session to discuss an existing litigation, which was rejected as untimely, and a potential litigation on which no action was taken. Trade secrets were discussed and no action was taken.		
5. PUBLIC COMMENT	<i>Rymer</i>	
None		
6. BOARD CHAIR COMMENTS	<i>Rymer</i>	
Mr. Rymer welcomed John Hennelly to his first official meeting as CEO. He also mentioned that the Sonoma community lost Dick Fogg last month. The District had honored him in 2016 for his many years of service to the community and hospital. SVH did file for an earmark with Congressman Mike Thompson to help cover the cost of the MRI project and we may hear the result of that in early fall. SVH has also been pursuing critical access hospital status with Mr. Thompson's office; it is still a long shot.		
7. CONSENT CALENDAR	<i>Rymer</i>	
<ul style="list-style-type: none"> 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 		
		MOTION: by Kornblatt Idell to

		approve, 2 nd by Mainardi. All in favor.
8. VOTER SURVEY RESULTS PRESENTATION	<i>Morhouse</i>	
Ms. Andie Morhouse with EMC Research reviewed the results of the voter survey EMC undertook in the community regarding the possibility of the parcel tax renewal. Voters who have used SVH recently and frequently gave the hospital more positive ratings. About two-thirds of voters support a continuation of the parcel tax with either of two terms tested (i.e., for ten years, or until ended by voters). After informing voters with additional messaging as to why the parcel tax is necessary, support increased to around 75%. After informing voters with messaging against voting for the parcel tax, support fell slightly back but remained above two-thirds.		
9. HUMAN RESOURCES ANNUAL REPORT	<i>McKissock</i>	
Ms. McKissock presented the Human Resources annual report with key initiatives and accomplishments for the past year.		
10. FINANCE COMMITTEE QUARTERLY REPORT	<i>Boerum</i>	
Mr. Boerum gave a brief report of Finance Committee actions for the past few months. There will be a joint Board/Finance Committee meeting to approve the FY 2022 budget on May 25, 2021.		
11. RECOMMENDATION TO APPOINT WENDY LEE TO FINANCE COMMITTEE	<i>Boerum</i>	
Mr. Boerum recommended Ms. Wendy Lee to serve on the Finance Committee. Ms. Lee gave a brief summary of her experience.		MOTION: by Boerum to approve, 2 nd by Rymer. All in favor.
12. QUALITY COMMITTEE QUARTERLY REPORT	<i>Mainardi</i>	
Dr. Mainardi briefly reviewed Quality Committee metrics for the first quarter of 2021. Ms. Jones mentioned patient complaints which are addressed to the Board and will be working on a process to address those.		
13. RESOLUTION NO. 356 DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY AND BANK SIGNATURE AUTHORITY	<i>Jensen</i>	
		MOTION: by Boerum, 2 nd by Rymer. Vote by roll call with 5 ayes. All in favor.
14. ENCRYPTED EMAIL UPGRADE	<i>Sendaydiego</i>	
Ms. Sendaydiego presented a proposal to institute an upgrade to SVH's secure email encryption. Mr. Hennelly reviewed and supports the proposal as well.		MOTION: by Kornblatt Idell, 2 nd by Bjorndal. All in favor.
15. CMO REPORT	<i>Kidd</i>	
Dr. Kidd reported there were no COVID inpatients during the month of April. The transition to a new 7 day/week virtual case management program has begun. Patients who are able to do so interact through their televisions. She has also been working on the surgical home project with a current focus on orthopedics. Today kicks off nursing		

week which transitions into hospital week, and six RNs were selected for Daisy awards.		
16. ADMINISTRATIVE REPORT FOR APRIL 2021	<i>Hennelly</i>	
Mr. Hennelly said talks are being held with UCSF regarding the possibility of using EPIC at SVH. It was launched at MarinHealth last week. The CT project should be open in June; the MRI project is under review. This is his third week at SVH and he discussed the idea of hospitals without walls and the importance of bringing the hospital's expertise out into the community.		
17. FINANCIALS FOR THE MONTH ENDED MARCH 31, 2021	<i>Jensen</i>	
Mr. Jensen briefly discussed patient volumes and the payer mix for the month of March. Cash collections were over goal by \$1 million in March and over goal by \$246,000 year to date. Days' cash were 36.3, A/R days were 46.9, A/P were \$3.4 million, and A/P days were 47.2. Patient revenue was off by 1%. Total operating revenue was \$4.1 million, (\$40,000) below budget. Operating expenses were below budget and the operating margin was \$41,000 better than budget. Net income at \$338,500 was \$113,000 over budget, and EBDA was 0.9% vs. budget of 0.3%.		
15. BOARD COMMENTS: a. Report on City of Sonoma Emergency Services Meeting	<i>Board</i>	
Mr. Boerum attended the above meeting on April 14, 2021. The meeting was held to make elected officials aware of their responsibilities during an emergency. SVH does have an Emergency Preparedness Committee. He suggested the CEO meet with the City Manager and FireMed as an opportunity exists to more fully integrate the hospital in these discussions. Mr. Hennelly indicated that plans have already been made for that interaction.		
16. ADJOURN	<i>Rymer</i>	
Adjourned 7:51 p.m.		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES**

**TUESDAY, APRIL 27, 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, via Zoom Sabrina Kidd, CMO and COO, via Zoom Sarah Dungan via Zoom Kimberly Drummond via Zoom John Hennelly, CEO, via Zoom	Wendy Lee via Telephone	
AGENDA ITEM		DISCUSSION		ACTIONS
MISSION & VISION STATEMENT				
<i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 5:01 pm			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			;
	Bill welcomed John Hennelly. No public were present.			
3. CONSENT CALENDAR	<i>Boerum</i>			
a. Finance Committee Minutes 02.23.21				MOTION: by Grandy to approve, 2 nd by Rymer. All in favor.
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Jensen</i>			
	Mr. Jensen reported the CT project is nearly finished. There are a couple of OSHPD issues with air flow and the door that will delay opening until June. There are issues with the MRI project regarding the contract. Ms. Drummond said funding for the MRI project was available in stages and there is no signed construction contract for the MRI at this time. There are signed pre-construction agreements.			

	Mr. Jensen said the committed amount related to the CT cost overrun is \$600,000, and SVH is disputing half of that. We have used up the CT contingency fees. There are proposed changes to the MRI project. SVH is looking for guaranteed numbers, and Vertran is only providing proposed numbers. One third party reviewer found that management costs were extended over a longer period of time than were thought necessary. Another third party reviewer will be reviewing documents as well.		
5. ADMINISTRATIVE REPORT FOR MARCH 2021	<i>Jensen</i>		
	Mr. Jensen reported that the CT project will go operational in June. Dana Fry, new Perioperative Services Director; Dave Young, new Diagnostic Imaging Director; and John Hennelly, President and CEO, are all on board.		
6. FINANCIAL REPORT FOR MONTH ENDED MARCH 31, 2020	<i>Jensen</i>		
	Mr. Jensen briefly reviewed the payer mix for March. Cash collections were over goal by \$1 million. April collections should be ahead of budget as well. Days' cash for March were 36.3, A/R days were 46.9, A/P were \$3.4 million, and A/P days were 47.2. Patient revenue was off due to inpatient. Total operating revenue was \$4.1 million, \$40,000 below budget. Operating expenses were \$4.6 million, and the operating margin was (\$533,310), \$41,000 better than budget. After accounting for all activity, net income for the month was a gain of \$338,000 vs. budget of \$225,000. The cash forecast at June 30 projects 53 days' cash.		
7. FY 2022 BUDGET UPDATE	<i>Dungan</i>		
	Ms. Dungan reviewed is a first draft of the FY 2022 budget. The next step is to go back through dept. expenses and come up with a 3.5% reduction in depts. that have variable costs. There will be a 2% labor increase in January 2022, and salaries for the		

	<p>CMO/CFO/CEO will be removed and come through under professional fees instead. Purchased services include an expected increase in IT costs. The Prime grant has ended so the hospital will not see any further proceeds from that. There is an increase in health benefits with a new provider; however, that choice was made in order to keep access to SVH's services and physicians.</p> <p>There will be a joint Board/Finance meeting on May 25th.</p>		
8. Capital spending	<i>Dungan</i>		
	Ms. Dungan briefly reviewed capital spending for the third quarter FY 2021.		
9. ADJOURN	<i>Boerum</i>		
	Meeting adjourned at 5:36 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

April 28, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5:02 pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	Action
<ul style="list-style-type: none"> QC Minutes, 03.24.21S 		MOTION: by Eisenstark to approve, 2 nd by Kornblatt Idell. All in favor.
4. QUALITY INDICATOR PERFORMANCE AND PLAN FOR MARCH 2021	<i>Jones</i>	
	Ms. Jones reviewed the quality indicator performance for the month of March 2021.	
5. PATIENT CARE SERVICES DASHBOARD FOR FIRST QUARTER 2021	<i>Kobe</i>	
	Mr. Kobe reviewed patient care service metrics for the first quarter of 2021.	
6. DISCUSSION REGARDING NURSING LEADERS ATTENDING QUALITY COMMITTEE MEETINGS	<i>Jones</i>	
	Ms. Jones reported there was a desire to have the clinical nursing leaders involved in the quality data. A discussion	

AGENDA ITEM	DISCUSSION	ACTION
	was held prior to this meeting and a solution found at the medical staff level. It is hoped this will improve the quality of data.	
7. POLICIES AND PROCEDURES	<i>Jones</i>	
	<p><u>Policies with Changes Made:</u> MMR, Varicella, Td, TDaP, and Influenza Vaccinations HR8610-164.02 Product Recalls</p> <p><u>New Policies:</u> Pharmacy Scope of Practice</p> <p>The HIPAA policies will return at a future Committee meeting.</p> <p>A discussion was held regarding the general or specific nature of new policies created. A scope of service policy is general in order to follow the minimum standard of State law. There are other documents containing more specific information that a surveyor may have questions about, such as staffing and licensure, which Human Resources monitors. There are also more detailed department policies (vs. organization policies) that supplement an overview or general scope policy.</p> <p>Dr. Eisenstark asked about having a future discussion on the Quality Committee role in reviewing policies. Dr. Mainardi suggested making this an inform item vs. an approve item. Ms. Jones had looked at the accrediting organization's rules and regulations, which are somewhat vague and defer to Title 22. She will bring these back to a future meeting for discussion.</p>	MOTION: by Kornblatt to approve policies, 2 nd by Webber. All in favor.
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
9. REPORT OF CLOSED SESSION	<i>Mainardi</i>	
	The Medical Staff credentialing report was approved.	MOTION: by Eisenstark, 2 nd by Sheets. All in favor.
10. ADJOURN	<i>Mainardi</i>	
	6:05 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: 05/28/2021 9:47 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: 20

Committee: 09 BOD-Board of Directors

Committee Members: Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Admission Criteria to the ICU <i>ICU Dept</i>	Pending Approval	5/28/2021	0
<p>Summary Of Changes: This policy was outdated, and did not reflect current acuity or ICU bed utilization. Changes were made to clarify some specific criteria, and process. Also, the old policy included too many nursing tasks that are completed on admission, such as performing an assessment. This is standard of care, and the same for a Med Surge admission. this doesn't need to be in an ICU specific policy. Some formatting changes were also made.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Winkler, Jessica (jwinkler)</p> <p>Approvers: Medical Director-Patient Care Services -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Arterial Line Setup <i>ICU Dept</i>	Pending Approval	5/28/2021	0
<p>Summary Of Changes: Reviewed. Recommend retire in favor of EBSCO Dynamic Health.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Winkler, Jessica (jwinkler)</p> <p>Approvers: Medical Director-Patient Care Services -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Autopsy <i>Medical Staff Policies (MS)</i>	Pending Approval	5/28/2021	0
<p>Summary Of Changes: Formatting corrections "only" made to the policy.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Kidd, Sabrina (skidd)</p> <p>Approvers: Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 05/28/2021 9:47 PM

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

Charging for Surgical Services <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Reviewed, no changes		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Electrosurgical Units Safety <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Added the following -Active electrode in the presence of abdominal gasses 'should be used with caution.' Corrected spelling and punctuation errors.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Fasting Guidelines Prior to Surgery <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Reviewed, no changes		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Fluid Warmer Use <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Reviewed and retired. Using EBSCO instead		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Gowning and Gloving <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Corrected punctuation and spelling errors.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Implant Reimbursements, Protocol for Surgical <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Retired. Outdated process.		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 05/28/2021 9:47 PM

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

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Fry, Dana (dfry)**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Implantation of a Medical Device <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
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Summary Of Changes: **Minor formatting changes made.**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Fry, Dana (dfry)**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Latex Allergy Precautions <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
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Summary Of Changes: **Corrected spelling and grammar errors.**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Fry, Dana (dfry)**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Loaner Instrument Trays from Outside the Facility, Care and Handling of <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
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Summary Of Changes: **Reviewed, no changes**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Fry, Dana (dfry)**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Observers-visitors-vendors in OR <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
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Summary Of Changes: **Retired.**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Fry, Dana (dfry)**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

On Call, Surgery <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
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Summary Of Changes: **Changed 30 minute response time to 40 minute response time. The department has been operating under the 40 minute rule for the past few years as traffic patterns and volume has increased.**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Fry, Dana (dfry)**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 05/28/2021 9:47 PM

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

Pacemaker ICD - Care of Patients Undergoing Surgery <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Deleted "8.For pacemakers and ICDs the device should be reprogrammed to an asynchronous mode and adaptive-rate features should be programmed off (usually done with a deprogrammer unit or magnet)." Too specific, care of device and any reprogramming should be determined case by case.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Pathology Handling Cultures and Specimens <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Made format and spelling corrections. Updated to current protocols for specimen handling and culture handling for surgery		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Patient Safety in the Operating Room <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Grammatical corrections made.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Radiological Safety <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Sales Representative in the Operating Room 7420-151 <i>Surgical Services/OR Dept</i>	Pending Approval	5/28/2021	0
Summary Of Changes:	Corrected spelling errors.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Fry, Dana (dfry)		
Approvers:	01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Staffing Ratio Criteria for 1to1 Staffing Ratio in the ICU <i>ICU Dept</i>	Pending Approval	5/28/2021	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 05/28/2021 9:47 PM

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

Summary Of Changes: **Incorporated American Association of Critical Care Nurses (AACN) guidance on 1:1 criteria. Changed verbiage to ensure collaborative decision making process.**

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

Lead Authors: **Winkler, Jessica (jwinkler)**

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



To: SVHCD Board of Directors
Meeting Date: June 3, 2021
Prepared by: Bill Boerum, Treasurer & Chair of the Finance Committee
Agenda Item Title: Consideration of FY 2022 Budget

Background:

Every year, the Hospital's Finance Department, the Board's Finance Committee, and the Board itself goes through a budget development and consideration process for the ensuing year, in the current case for the fiscal year July 1, 2021, through June 20, 2022.

The Finance Committee and the Board were kept informed from time to time by the Finance Department (CFO Ken Jensen and Controller Saran Dungan) as to the development of the 2022 budget. The draft budget was presented by the Finance Department at a public, joint meeting on May 25 of the Board (four members present) and the Finance Committee (all seven voting members present) along with staff which included CEO John Hennelly. This was a study session enabling questions and discussion of the proposed budget.

Immediately following the study session, the Finance Committee convened at its regular monthly meeting to further consider the budget document just reviewed. With all voting members present, the Committee voted unanimously to approve the budget as submitted, with its cover memorandum describing the assumptions in the budget which were recognized as reasonable and conservative.

Recommendation:

Therefore, it is recommended by the Finance Committee that the Board approve the budget document as submitted.



To: SVH Finance Committee
From: Ken Jensen, CFO & Sarah Dungan, Controller
Date: May 25, 2021
Subject: DRAFT Fiscal Year 2022 Budget for July 1, 2021 through June 30, 2022

During Fiscal Year 2021, volumes did not return to our normal levels of operations as expected and projected in the hospital's FY 2021 budget. Therefore, as we began the budget process in February 2021 it was decided to take a conservative approach and annualize the current volumes and expense trends from July 2020 through January 2021, as well as increase volumes by 10% to 15% beginning in January 2022.

Beginning in March 2021, we have seen surgery and outpatient diagnostic volumes increase while inpatient volumes have stayed consistent. The current emergency room volumes continue to run lower than normal but we are now seeing a slow increase.

The Draft FY 2022 Budget is presented with the following assumptions:

- Volume is based on the seven-month period of July 2020 through January 2021 and annualized to 12 months plus a conservative volume increase at January 2022 (excluding ICU and Med-Surg inpatient volumes).
- Gross revenue includes a 6% price increase with a projected 2.2% increase in net revenue
- Contractual discounts/bad debt are based upon current experiences and adjusted for the price increase
- Government supplemental payments (IGT) are budgeted per current information from the Department of Health Care Services and the District Hospital Leadership Forum (DHLF)
- 2% salary increase at January 2022
- UCSF management fee of \$1,009,450
- Increased IT security costs as mandated by Office of Civil Rights (OCR)
- Elimination of outsourcing COVID-19 tests to UCSF

The draft budgeted operating loss for fiscal year 2022 is (\$6,574,400) compared with the projected fiscal year-end 2021 of (\$6,821,931) with a net income after non-operating revenue and expenses of \$5,890,324 and an EBDA of 0.5% vs. the projected fiscal year-end 2021 income of \$6,179,523 and EBDA of 0.3%.



ATTACHMENTS:

- Initial FY 2022 Budget Assumptions
- Attachment A - DRAFT FY 2022 Budget
- Attachment B – FY 2021 Projected Actual as Compared to DRAFT FY 2022 Budget with Variance
- Attachment C – Schedule of Variance Analysis of FY 2021 Projected to FY 2022 Draft Budget
- Attachment D – Draft FY 2022 Budget – Schedule of Payer Mix
- Attachment E – Draft FY 2022 Budget – Cash Forecast





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

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

VOLUME

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

GROSS REVENUE

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

CONTRACTUAL ALLOWANCES

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

WAGES AND BENEFITS

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

PHYSICIAN FEES & PROFESSIONAL FEES

- Based upon current costs or final contract arrangements

SUPPLIES/FOOD

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

PURCHASED SERVICES

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

DEPRECIATION

- Current, plus any adjustments for any new equipment

INSURANCE

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

INTEREST

- Current, will adjust for expiring leases/loans

UTILITIES

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

OTHER EXPENSES

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



**Sonoma Valley Healthcare District
Statement of Revenue and Expenses
FY 2022 DRAFT Budget
July 1, 2021 through June 30, 2022**

Schedule A

DRAFT

FY 2022 Budget

Volume Information

Acute Discharges	764
Patient Days	3,165
Emergency Room Visits	8,696
Surgeries - Inpatient	198
Surgeries - Outpatient	1,189
Special Procedures	518
Gross O/P Revenue (000's)	\$ 195,361

Financial Results

Projected Gross Patient Revenue

Inpatient	\$ 74,235,061
Outpatient	123,035,765
Emergency	72,325,494
Total Projected Gross Patient Revenue	\$ 269,596,320

Projected Deductions from Revenue

Contractual Discounts	\$ (225,126,506)
Bad Debt	(1,800,000)
Charity Care Provision	(330,857)
Prior Period Adj/Government Program Revenue	7,085,030
Total Projected Deductions from Revenue	\$ (220,172,333)

Projected Net Patient Service Revenue

\$ 49,423,987

Other Op Revenue

\$ 1,021,776

Projected Total Operating Revenue

\$ 50,445,763

Projected Operating Expenses

Salary and Wages and Agency Fees	\$ 21,770,877
Employee Benefits	8,279,063
Total People Cost	\$ 30,049,940
Med and Prof Fees (excl Agency)	6,151,222
Supplies	6,774,922
Purchased Services	4,810,661
Depreciation	3,034,560
Utilities	1,341,561

**Sonoma Valley Healthcare District
Statement of Revenue and Expenses
FY 2022 DRAFT Budget
July 1, 2021 through June 30, 2022**

Schedule A

DRAFT

FY 2022 Budget

Insurance	562,913
Interest	215,599
Other	1,228,005
Matching Fees (Government Programs)	2,850,780
Projected Operating expenses	\$ 57,020,163
Projected Operating Margin	\$ (6,574,400)
Projected Non Operating Rev and Expense	
Miscellaneous Revenue/(Expenses)	\$ 11,709
Donations	
Parcel Tax Assessment Rev	3,800,000
Projected Total Non-Operating Rev/Exp	\$ 3,811,709
Net Income / (Loss) prior to Restricted Contributions	\$ (2,762,691)
Restricted Foundation Contributions	\$ 6,285,641
Net Income / (Loss) w/ Restricted Contributions	\$ 3,522,950
GO Bond Tax Assessment, Net	2,367,374
Projected Net Income/(Loss) w GO Bond Activity	\$ 5,890,324
Projected EBDA - Not including Restricted Contributions	\$ 271,869
	0.5%
FTE'S	231.9

**Sonoma Valley Healthcare District
Statement of Revenue and Expenses
FY 2021 Projected Actual as compared to FY 2022 Draft Budget**

Schedule B

	Projected Actual <u>FY 2021</u>	DRAFT Budget <u>FY 2022</u>	<u>Variance</u>
Volume Information			
Acute Discharges	777	764	-12
Patient Days	3,215	3,165	-50
Emergency Room Visits	8,375	8,696	321
Surgeries - Inpatient	169	198	29
Surgeries - Outpatient	953	1,189	236
Special Procedures	552	580	28
Gross O/P Revenue (000's)	\$ 179,084	\$ 195,361	\$ 16,278
Projected Gross Patient Revenue			
Inpatient	\$ 66,738,375	\$ 74,235,061	\$ 7,496,686
Outpatient	108,317,362	123,035,765	14,718,403
Emergency	70,766,163	72,325,494	1,559,331
Total Projected Gross Patient Revenue	\$ 245,821,900	\$ 269,596,320	\$ 23,774,420
Projected Deductions from Revenue			
Contractual Discounts	\$ (203,872,292)	\$ (225,126,506)	\$ (21,254,214)
Bad Debt	(1,400,000)	(1,800,000)	(400,000)
Charity Care Provision	(291,600)	(330,857)	(39,257)
Prior Period Adj/Government Program Revenue	9,034,963	7,085,030	(1,949,933)
Total Projected Deductions from Revenue	\$ (196,528,929)	\$ (220,172,333)	\$ (23,643,404)
Projected Net Patient Service Revenue	\$ 49,292,971	\$ 49,423,987	\$ 131,016
Other Op Revenue	\$ 996,825	\$ 1,021,776	\$ 24,951
Projected Total Operating Revenue	\$ 50,289,796	\$ 50,445,763	\$ 155,967
Projected Operating Expenses			
Salary and Wages and Agency Fees	\$ 22,148,893	\$ 21,770,877	\$ (378,016)
Employee Benefits	7,909,322	8,279,063	369,741
Total People Cost	\$ 30,058,215	\$ 30,049,940	\$ (8,275)
Med and Prof Fees (excl Agency)	5,321,904	6,151,222	829,318
Supplies	6,812,333	6,774,922	(37,411)
Purchased Services	5,079,089	4,810,661	(268,428)
Depreciation	3,064,445	3,034,560	(29,885)
Utilities	1,388,757	1,341,561	(47,196)
Insurance	535,665	562,913	27,248
Interest	208,492	215,599	7,107
Other	1,260,539	1,228,005	(32,534)
Matching Fees (Government Programs)	3,382,288	2,850,780	(531,508)
Projected Operating expenses	\$ 57,111,727	\$ 57,020,163	\$ (91,564)
Projected Operating Margin	\$ (6,821,931)	\$ (6,574,400)	\$ 247,531

**Sonoma Valley Healthcare District
Statement of Revenue and Expenses
FY 2021 Projected Actual as compared to FY 2022 Draft Budget**

Schedule B

	Projected Actual FY 2021	DRAFT Budget FY 2022	Variance
Projected Non Operating Rev and Expense			
Miscellaneous Revenue/(Expenses)	\$ 86,019	\$ 11,709	\$ (74,310)
Donations			
Parcel Tax Assessment Rev	3,800,004	3,800,000	(4)
Projected Total Non-Operating Rev/Exp	\$ 3,886,023	\$ 3,811,709	\$ (74,314)
Net Income / (Loss) prior to Restricted Contributions	\$ (2,935,908)	\$ (2,762,691)	\$ 173,217
Capital Campaign Contribution	\$ -	\$ -	\$ -
Restricted Foundation Contributions	\$ 6,889,863	\$ 6,285,641	\$ (604,222)
Net Income / (Loss) w/ Restricted Contributions	\$ 3,953,955	\$ 3,522,950	\$ (431,005)
GO Bond Tax Assessment, Net	2,225,568	2,367,374	141,806
Projected Net Income/(Loss) w GO Bond Activity	\$ 6,179,523	\$ 5,890,324	\$ (289,199)
Projected EBDA - Not including Restricted Contributions	\$ 128,537 0.3%	\$ 271,869 0.5%	\$ 143,332 0.3%
FTE'S	228.50	231.9	3.4

Sonoma Valley Healthcare District
Schedule of Variance Analysis of FY 2021 Projected to FY 2022 Draft Budget
FY 2022 Budget - DRAFT
July 1, 2021 through June 30, 2022

Schedule C

DRAFT

Variance Analysis

Significant Variances of FY 2021 Projected Actual to FY 2022 Budget:

Projected Revenue Variance:

Conservative volume increases after January 1, 2022 (IP surgeries, OP surgeries, ER, OP Diagnostics)

Projected Gross Revenue	7,883,917	
Projected Revenue Deductions	<u>(6,696,201)</u>	1,187,716

6% Price increase with a projected 1.7% increase in Net Revenue

Projected Gross Revenue	15,845,332	
Projected Revenue Deductions	<u>(14,952,099)</u>	893,233

Adjustment to gross Intergovernmental Transfer Program (IGT) based on current information and the elimination of the PRIME Grant (5-year grant ended 12/31/2020)

(1,949,933)

Projected Net Patient Service Revenue - Variance

131,016

Increase to shared services revenue - Valley of the Moon Post Acute

40,035

Meritage subsidy - Sonoma Family Practice (July 2021 - December 2021)

90,000

Adjustment to reflect grant revenue received in FY 2021 and other "one-time" revenue items received in FY 2021

(105,084)

24,951

Projected Total Operating Revenue - Variance

155,967

Projected Expense Variance:

Salary and Wages and Agency Fees - Variance:

2% Salary increase - January 2022

211,525

CEO, CFO, and CMO salaries moved to professional fees (UCSF)

(345,075)

Elimination of Care Transitions position (related to Prime Grant)

(104,720)

Elimination of Case Management Staff - moved to Tele case management platform - Banyan

(103,295)

Reduction in COVID drive-up testing staff

(75,290)

Increase in Physical Therapy FTE's (offset by reduction in Traveler's)

145,177

Restructure of Central Sterile staff FTE's

81,309

Increase in 1.0 FTE in dietary - staff supervisor hired in FY 2021

92,796

Other department adjustments to salaries and wages, net

86,585

Reduction in Registry/Travel Staffing

(367,028)

(378,016)

Employee Benefits Variance:

Employee Benefits - Reduction in PTO due primarily from the reduction in staff in Admin and Quality

(138,314)

Employee Benefits - Increase in cost of health benefits from changing to United Healthcare

508,055

369,741

Total People Cost - Variance

(8,275)

Medical and Professional Fees Variance:

UCSF Management Costs (CEO, CFO, & CMO)

815,397

Governance Board Consultant - Parcel Tax

25,000

Other department adjustments to professional fees, net

(11,079)

829,318

Supplies, Net Variance

(37,411)

Purchased Services Variance:

Elimination of UCSF Covid-19 testing

(455,229)

Increase in IT security Costs

180,096

Tele Case Management Platform - Banyan

142,509

Other department adjustments to purchased services, net

(135,804)

(268,428)

Depreciation - Net Variance

(29,885)

Utilities - net savings from change of electricity provider

(47,196)

Insurance - Net Variance

27,248

Interest - Net Variance

7,107

Other - Net Variance

(32,534)

Matching Fees (Government Programs)-Variance

(531,508)

Projected Operating expenses - Variance

(91,564)

Projected Operating Margin - Variance

247,531

**Sonoma Valley Health Care District
 Schedule of Payer Mix
 DRAFT FY 2022 Budget
 July 1, 2021 through June 30, 2022**

Schedule D

	DRAFT	ACTUAL
	FY 2022 Budget	FY 2021
	<u>July 1, 2021 - June 30, 2022</u>	<u>July 1, 2021 - April 30, 2021</u>
Medicare	39.7%	40.2%
Medicare Managed Care	15.4%	15.4%
Medi-Cal	19.0%	18.6%
Self Pay	1.1%	1.2%
Commercial & Other Government	21.7%	21.6%
Worker's Comp.	3.1%	3.0%
	100.0%	100.0%

**Sonoma Valley Health Care District
Cash Forecast - DRAFT FY 2022 Budget**

Schedule E

**DRAFT
FY 2022 Budget
July 1, 2021 - June 30, 2022**

Hospital Operating Sources		
1	Patient Payments Collected	42,338,957
2	Other Operating Revenue	1,021,776
3	Other Non-Operating Revenue	204,271
4	Unrestricted Contributions	
5	Line of Credit	-
	Sub-Total Hospital Sources	43,565,004
Hospital Uses of Cash		
6	Operating Expenses	51,327,385
7	Add Capital Lease Payments	440,328
8	Additional Liabilities	
9	Capital Expenditures	6,285,641
10	Line of Credit	
	Total Hospital Uses	58,053,354
	Net Hospital Sources/Uses of Cash	(14,488,350)
Non-Hospital Sources		
11	Restricted Cash/Capital Donations	6,285,641
12	Parcel Tax Revenue	3,800,000
13	Other:	
14	IGT /AB 915 IGT	7,085,030
	Sub-Total Non-Hospital Sources	17,170,671
Non-Hospital Uses of Cash		
15	Matching Fees	2,850,780
	Sub-Total Non-Hospital Uses of Cash	2,850,780
	Net Non-Hospital Sources/Uses of Cash	14,319,891
	Net Sources/Uses	(168,459)
	Cash at beginning of period (Includes MM)	8,213,972
	Cash at end of period	8,045,513
	Projected Days of Cash on Hand at Beginning of period	59.01
	Budgeted Days of Cash on Hand at end of period	57.21



To: SVHCD Board of Directors
Meeting Date: June 3, 2021
Prepared by: Joshua Rymer, Chair
Agenda Item Title: Resolution No. 357 – Parcel Tax

Recommendation:

That the Board approve the parcel tax resolution requesting the voters of the Sonoma Valley Health Care District approve, on November 2, 2021, a renewal of the parcel tax for ten years at a rate of up to \$250 per parcel to provide adequate funding to ensure continued local access to emergency room care, acute hospital care, and other health care services for residents of the District.

Background:

The existing parcel Tax, passed by a 69% favorable vote in 2017, will expire in June of 2022. By law, the District cannot use any tax other than a parcel tax to fund operations.

- The Hospital, like most hospitals in California, is experiencing the impact of reduced reimbursement by Federal, State and private health insurance programs, along with the decreased census in inpatient care created by changing regulations.
- These reductions are impacting the Hospital more severely than many larger hospitals because:
 - o 73% of the Hospital’s services are provided to patients with Federal or State health insurance;
 - o The reimbursement revenue from Federal and State insurance programs for services is well below the cost of providing the services; and,
 - o The expectation is that the trend of decreasing Federal, State and private health insurance reimbursements will continue.

Despite these financial challenges, the Hospital staff delivers an exceptional level of care to patients and is an essential part of the safety net for residents of the Valley.

Consequences of Negative Action/Alternative Actions:

Without passage of the proposed parcel tax the District’s revenues are not adequate to ensure continued local access to hospital emergency services, acute hospital care, and other critical hospital services.



SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

RESOLUTION No. 357 - PARCEL TAX

WHEREAS, Sonoma Valley Health Care District (the “District”) has established the mission of serving the health needs of the Sonoma Valley community through Sonoma Valley Hospital; and

WHEREAS, following the Board’s adoption of District Resolution No. 334, in June of 2017 voters of the District approved the imposition of a real estate parcel tax of \$250 per taxable parcel per year for five years to provide adequate funding to ensure continued local access to emergency room care, acute hospital care, and other health care services for residents of the District; and

WHEREAS, the current parcel tax expires on June 30, 2022; and

WHEREAS, the District, like most in California, is experiencing the impact of reduced reimbursement by Federal, State and private health insurance programs, along with the decreased census in inpatient care created by changing regulations, and

WHEREAS, in Fiscal Year 2020, 73% of District services provided, as defined by gross revenues, were to patients with Federal or State health insurance, and

WHEREAS, the reimbursement revenue from these Federal and State insurance programs for these services is below the cost of providing these services; and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes uniformly on all real property within its boundaries (a parcel tax); and

WHEREAS, the District is not authorized to impose any tax other than a parcel tax to support Hospital operations; and

WHEREAS, without the parcel tax revenues, the District’s revenues are not sufficient to ensure continued operation of the Hospital and its emergency room; and

WHEREAS, the District Board of Directors recognizes the adverse financial dynamics inherent in the current payer and patient mix, the Board pledges to make its best efforts to continue to identify new services and revenue streams with positive operating margins.

THEREFORE, WE RESOLVE that:

1. The District hereby proposes to renew the parcel tax, as authorized under Section 53730.01 of the California Government Code that it will use to ensure continued operation of the Hospital and its emergency room and it will not use the parcel tax for capital improvements, other than improvements made in connection with the day-to-day operational needs of the District.

2. The District hereby calls an election for November 2, 2021, to be held within the boundaries of the District, and requests the Board of Supervisors of the County of Sonoma (the "County") to consolidate that election with all other elections to be held on such date, on the measure set forth in Section 3.

3. The District hereby sets the full text of the measure to be placed on the ballot for the election of November 2, 2021, as follows:

The District will continue the expiring parcel tax of \$250 per parcel per year with a parcel tax levy on each taxable parcel of land within the District, at up to \$250 per parcel per year for ten (10) years to ensure continued operation of the Hospital and its Emergency Room.

The parcel tax will continue to be used to supplement the reimbursement for patients with State and Federal insurance which are below the cost of providing the hospital's services and which accounted for 73% of the services provided by the Hospital in fiscal 2020.

Without approval of this measure on November 2, 2021, the Hospital will likely not have sufficient cash on hand to remain open throughout the subsequent fiscal years as the Hospital will not receive any parcel tax revenue to maintain operations.

The parcel tax will not be used for capital improvements other than improvements made in connection with the day-to-day operational needs of the District.

The District's appropriations limit will be established at an amount equal to the available funding during the first year of the parcel tax at the rate of \$250 per parcel.

The amount of money to be raised annually by the parcel tax levy is estimated to be \$3.8 million.

Taxable parcels are those that appear on the annual secured County property tax roll.

The following exemption will apply to the levy and collection of the parcel tax: with respect to multiple parcels that are contiguous and in the same ownership and that cannot be individually sold, leased (except for agricultural purposes) or financed, only one such parcel will be subject to the parcel tax.

The District will continue to employ its currently established administrative review process to grant exemptions and consider appeals with respect to contiguous parcels.

The parcel tax revenues will be deposited into a fund held by the County Treasurer.

The District will cause to be filed an annual report with its Board of Directors, commencing not later than January 1, 2022, and annually thereafter, which report will be for the year ended June 30 of the prior year and contain information regarding the amount of parcel tax revenues collected and expended.

4. The District hereby sets the abbreviated ballot form of the measure appearing in Section 3 as follows:

“Shall the Sonoma Valley Health Care District extend its expiring parcel tax for ten years at up to \$250 per parcel per year, raising an estimated \$3.8 million annually, in order to offset continuing low reimbursements from Federal and State health insurance programs, which are below the cost of providing hospital services, and assure the continued operation of the Sonoma Valley Hospital and the availability of an Emergency Room in our Valley?”

5. The District hereby proposes to establish its appropriations limit under Article XIII B of the California Constitution at an amount equal to the amount of available funding for the first year of the parcel tax at the rate of \$250 per parcel. “Available funding” will have the same meaning under this Resolution as is given the term “proceeds of taxes” in Article XIII B of the California Constitution.

6. The County Tax Collector will collect the parcel tax at the same time that it collects the general and ad valorem taxes, and along with the collection of those taxes. The parcel tax will be subject to the same penalties as general and ad valorem taxes.

7. The District will impose the parcel tax only if two-thirds (2/3) of those voting approve it.

PASSED AND ADOPTED by the Board of Directors of the Sonoma Valley Health Care District on this 3rd day of June, 2021, by the following vote:

AYES: _____
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: June 3, 2021
Prepared by: Bill Boerum, Treasurer & Chair of the Finance Committee
Agenda Item Title: Consideration of Refinancing of General Obligation Bonds

Background:

Recently we received a proposal for refinancing of one of the two series of general obligation bonds issued by the District in 2009 and 2010. This proposal was from the District's previous financial advisor, Gary Hicks of G.L. Hicks Financial LLC. Hicks, whom I've known in a professional capacity with the District (and other healthcare connections) for over 11 years, had advised on the retiring of our \$4 million of revenue bonds, and the raising of new money to meet seismic mandates and the expansion of the west wing of the hospital, a total of \$35 million in general obligation bonds. Additionally, in 2014 he did the first refinancing of the series 2009 general obligation bonds. His most recent advisory was in 2017 for a proposed refinancing of the series 2010 bonds.

Though issued in the name of the District, the general obligation bonds in effect are the obligation of the property-owner, taxpayers of the District under an ad valorem tax regime. This is different from the parcel tax which levies all properties of any value the same amount. Sonoma County essentially acts as the billing and collection agent and Bank of New York Mellon acts as paying agent for the District, paying bond investors (interest and principal). Sonoma County receives a fee for serving as billing and collection agent for the District. Each year the District Board sets the amount of the tax rate based on estimated current property assessed values and upcoming debt service payments on its general obligation bonds and so advises the County.

The proposal from Hicks indicated that if a refinancing were done in current market conditions there likely would be a reduction in the amount of interest and principal payments. This would save taxpayers approximately \$2,000,000 over the remaining 10-year life of the bonds. This would be good news for our taxpayers. The issuance costs of approximately \$200,000 (including the advisory fee to Hicks) will be included in the liability of the bonds. There is no operating expense or cash required by District or the County.

The Hicks proposal is provided to you in the following document. Time is of the essence to capture the advantage of lower interest rates. From the time of a Board decision, the refinancing would take up to three months to complete depending on whether sold as a public

offering or via a private placement. If done as the latter, there would be an increase of liabilities on the balance sheet of approximately \$225,000.

After considering the financial elements of the Hicks proposal, our CFO, Ken Jensen, supported the refinancing proposal. The Finance Committee at its meeting last week – with all members present - voted unanimously to recommend the proposal to the District Board.

Recommendation:

Therefore, it is recommended the Board approve the refinancing proposal to reduce the tax burden on taxpayers in the District, and that G.L. Hicks Financial, LLC, be retained to do this transaction at the same fixed fee of \$74,500 plus out-of-pocket expenses not to exceed \$3,000, as previously offered in a 2017 letter agreement.

Attachment:

GO Bond Financial Analysis

SOURCES AND USES OF FUNDS

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

Dated Date 08/01/2021
Delivery Date 08/01/2021

Sources:

Bond Proceeds:	
Par Amount	14,235,000.00
Premium	1,652,434.65
	<hr/>
	15,887,434.65

Uses:

Refunding Escrow Deposits:	
Cash Deposit	15,600,000.00
Delivery Date Expenses:	
Cost of Issuance	284,700.00
Other Uses of Funds:	
Additional Proceeds	2,734.65
	<hr/>
	15,887,434.65

BOND PRICING

Sonoma Valley Health Care District
 (Sonoma County, California)
 General Obligation Refunding Bonds
 --Preliminary, subject to change--
 --Uninsured--

Bond Component	Maturity Date	Amount	Rate	Yield	Price	Premium (-Discount)
Serial Bonds:						
	08/01/2022	1,140,000	4.000%	0.560%	103.425	39,045.00
	08/01/2023	1,195,000	4.000%	0.840%	106.254	74,735.30
	08/01/2024	1,250,000	4.000%	1.270%	108.011	100,137.50
	08/01/2025	1,310,000	4.000%	1.480%	109.752	127,751.20
	08/01/2026	1,380,000	4.000%	1.630%	111.335	156,423.00
	08/01/2027	1,445,000	4.000%	1.780%	112.580	181,781.00
	08/01/2028	1,515,000	4.000%	1.910%	113.633	206,539.95
	08/01/2029	1,590,000	4.000%	2.030%	114.479	230,216.10
	08/01/2030	1,665,000	4.000%	2.120%	115.330	255,244.50
	08/01/2031	1,745,000	4.000%	2.200%	116.078	280,561.10
		14,235,000				1,652,434.65

Dated Date		08/01/2021	
Delivery Date		08/01/2021	
First Coupon		02/01/2022	
Par Amount		14,235,000.00	
Premium		1,652,434.65	
		15,887,434.65	
Production Underwriter's Discount			111.608252%
		15,887,434.65	111.608252%
Purchase Price			
Accrued Interest			
		15,887,434.65	
Net Proceeds			

BOND SUMMARY STATISTICS

Sonoma Valley Health Care District
 (Sonoma County, California)
 General Obligation Refunding Bonds
 --Preliminary, subject to change--
 --Uninsured--

Dated Date	08/01/2021
Delivery Date	08/01/2021
Last Maturity	08/01/2031
Arbitrage Yield	1.882684%
True Interest Cost (TIC)	1.882684%
Net Interest Cost (NIC)	2.029297%
All-In TIC	2.225000%
Average Coupon	4.000000%
Average Life (years)	5.890
Weighted Average Maturity (years)	5.987
Duration of Issue (years)	5.351
Par Amount	14,235,000.00
Bond Proceeds	15,887,434.65
Total Interest	3,354,000.00
Net Interest	1,701,565.35
Bond Years from Dated Date	83,850,000.00
Bond Years from Delivery Date	83,850,000.00
Total Debt Service	17,589,000.00
Maximum Annual Debt Service	1,779,900.00
Average Annual Debt Service	1,758,900.00
Underwriter's Fees (per \$1000)	
Average Takedown	
Other Fee	

Total Underwriter's Discount	
Bid Price	111.608252

Bond Component	Par Value	Price	Average Coupon	Average Life	PV of 1 bp change
Serial Bonds	14,235,000.00	111.608	4.000%	5.890	8,381.80
	14,235,000.00			5.890	8,381.80

	TIC	All-In TIC	Arbitrage Yield
Par Value	14,235,000.00	14,235,000.00	14,235,000.00
+ Accrued Interest			
+ Premium (Discount)	1,652,434.65	1,652,434.65	1,652,434.65
- Underwriter's Discount			
- Cost of Issuance Expense		-284,700.00	
- Other Amounts			
Target Value	15,887,434.65	15,602,734.65	15,887,434.65
Target Date	08/01/2021	08/01/2021	08/01/2021
Yield	1.882684%	2.225000%	1.882684%

BOND DEBT SERVICE

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

Dated Date 08/01/2021
Delivery Date 08/01/2021

Period Ending	Principal	Coupon	Interest	Debt Service
06/30/2022			284,700	284,700
06/30/2023	1,140,000	4.000%	546,600	1,686,600
06/30/2024	1,195,000	4.000%	499,900	1,694,900
06/30/2025	1,250,000	4.000%	451,000	1,701,000
06/30/2026	1,310,000	4.000%	399,800	1,709,800
06/30/2027	1,380,000	4.000%	346,000	1,726,000
06/30/2028	1,445,000	4.000%	289,500	1,734,500
06/30/2029	1,515,000	4.000%	230,300	1,745,300
06/30/2030	1,590,000	4.000%	168,200	1,758,200
06/30/2031	1,665,000	4.000%	103,100	1,768,100
06/30/2032	1,745,000	4.000%	34,900	1,779,900
	14,235,000		3,354,000	17,589,000

SUMMARY OF REFUNDING RESULTS

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

Dated Date	08/01/2021
Delivery Date	08/01/2021
Arbitrage yield	1.882684%
Escrow yield	0.000000%
Value of Negative Arbitrage	
Bond Par Amount	14,235,000.00
True Interest Cost	1.882684%
Net Interest Cost	2.029297%
Average Coupon	4.000000%
Average Life	5.890
Weighted Average Maturity	5.987
Par amount of refunded bonds	15,600,000.00
Average coupon of refunded bonds	4.335777%
Average life of refunded bonds	5.902
Remaining weighted average maturity of refunded bonds	5.853
PV of prior debt to 08/01/2021 @ 2.250000%	17,358,903.64
Net PV Savings	1,779,417.69
Percentage savings of refunded bonds	11.406524%
Percentage savings of refunding bonds	12.500300%

SAVINGS

Sonoma Valley Health Care District
 (Sonoma County, California)
 General Obligation Refunding Bonds
 --Preliminary, subject to change--
 --Uninsured--

Date	Prior Debt Service	Refunding Debt Service	Savings	Present Value to 08/01/2021 @ 2.2500000%
06/30/2022	330,577.50	284,700.00	45,877.50	45,367.12
06/30/2023	1,881,255.00	1,686,600.00	194,655.00	189,871.84
06/30/2024	1,890,255.00	1,694,900.00	195,355.00	186,363.51
06/30/2025	1,896,855.00	1,701,000.00	195,855.00	182,731.51
06/30/2026	1,905,955.00	1,709,800.00	196,155.00	178,987.14
06/30/2027	1,921,502.50	1,726,000.00	195,502.50	174,475.80
06/30/2028	1,932,075.00	1,734,500.00	197,575.00	172,472.98
06/30/2029	1,943,225.00	1,745,300.00	197,925.00	169,003.43
06/30/2030	1,953,687.50	1,758,200.00	195,487.50	163,295.47
06/30/2031	1,963,137.50	1,768,100.00	195,037.50	159,387.14
06/30/2032	1,973,425.00	1,779,900.00	193,525.00	154,727.10
	19,591,950.00	17,589,000.00	2,002,950.00	1,776,683.04

Savings Summary

PV of savings from cash flow	1,776,683.04
Plus: Refunding funds on hand	2,734.65
	1,779,417.69
Net PV Savings	1,779,417.69

PRIOR BOND DEBT SERVICE

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

Period Ending	Principal	Coupon	Interest	Debt Service
06/30/2022			330,577.50	330,577.50
06/30/2023	1,245,000	4.000%	636,255.00	1,881,255.00
06/30/2024	1,305,000	4.000%	585,255.00	1,890,255.00
06/30/2025	1,365,000	4.000%	531,855.00	1,896,855.00
06/30/2026	1,430,000	4.000%	475,955.00	1,905,955.00
06/30/2027	1,505,000	4.100%	416,502.50	1,921,502.50
06/30/2028	1,580,000	4.250%	352,075.00	1,932,075.00
06/30/2029	1,660,000	4.250%	283,225.00	1,943,225.00
06/30/2030	1,745,000	4.500%	208,687.50	1,953,687.50
06/30/2031	1,835,000	4.500%	128,137.50	1,963,137.50
06/30/2032	1,930,000	4.500%	43,425.00	1,973,425.00
	15,600,000		3,991,950.00	19,591,950.00

SUMMARY OF BONDS REFUNDED

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

Bond	Maturity Date	Interest Rate	Par Amount	Call Date	Call Price
\$23,000,000 General Obligation Bonds, Election of 2008, Series B (2010), 2010B, SERIAL:					
	08/01/2022	4.000%	1,245,000.00	08/01/2021	100.000
	08/01/2023	4.000%	1,305,000.00	08/01/2021	100.000
	08/01/2024	4.000%	1,365,000.00	08/01/2021	100.000
	08/01/2025	4.000%	1,430,000.00	08/01/2021	100.000
	08/01/2026	4.100%	1,505,000.00	08/01/2021	100.000
	08/01/2027	4.250%	1,580,000.00	08/01/2021	100.000
	08/01/2028	4.250%	1,660,000.00	08/01/2021	100.000
			10,090,000.00		
\$23,000,000 General Obligation Bonds, Election of 2008, Series B (2010), 2010B, 2031TERM:					
	08/01/2031	4.500%	5,510,000.00	08/01/2021	100.000
			15,600,000.00		

ESCROW REQUIREMENTS

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

Period Ending	Principal Redeemed	Total
08/01/2021	15,600,000.00	15,600,000.00
	15,600,000.00	15,600,000.00

DISCLOSURE

Sonoma Valley Health Care District
(Sonoma County, California)
General Obligation Refunding Bonds
--Preliminary, subject to change--
--Uninsured--

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The information contained herein may include hypothetical interest rates or interest rate savings for a potential refunding. Interest rates used herein take into consideration conditions in today's market and other factual information such as credit rating, geographic location and market sector. Interest rates described herein should not be viewed as rates that Piper Sandler expects to achieve for you should we be selected to act as your underwriter or placement agent. Information about interest rates and terms for SLGs is based on current publically available information and treasury or agency rates for open-market escrows are based on current market interest rates for these types of credits and should not be seen as costs or rates that Piper Sandler could achieve for you should we be selected to act as your underwriter or placement agent. More particularized information and analysis may be provided after you have engaged Piper Sandler as an underwriter or placement agent or under certain other exceptions as describe in the Section 15B of the Exchange Act.



To: SVHCD Board of Directors
Meeting Date: June 3, 2021
Prepared by: Bill Boerum, Chair of the Governance Committee
Agenda Item Title: Governance Committee Report for Action Items

Background:

With respect to the Committee’s recent review of the items below, the Board’s consideration and action is recommended.

a. Recommendation that Board policies be reviewed no less frequently than every three years.

There is no explicit statement that Board policies should be reviewed no less frequently than every three years, two years being considered too frequently. It is requested that the Board acknowledge the intention for at least a three-year review, and that it be so stated in a preface to the list of policies. The Governance Committee has reviewed the entire list of policies and their latest review dates and has informally applied the three-year convention to them. Where there is a current lag of three years or more, those reviews will comprise the Committee’s work plan for the balance of the year.

b. Recommendation for revision to SVHCD Bylaws adding the Affiliation Oversight Committee.

The First Amendment to the Collaboration Agreement between the District and UCSF Health, as approved by the District Board on November 5, 2020, stipulated that there be an Affiliation Oversight Committee to review the ongoing performance of UCSF Health under the Agreement. Given the five-year term of the Agreement, this was understood to be a Standing Committee of the Board. It is necessary to reflect the addition of this Committee in the District Bylaws.

Therefore, added to the list of Committees in Article III, Section 4. Committees, Paragraph a) Types of Committees, sub-paragraph (1), shall be shown as:

v. Affiliation Oversight Committee

The Charter of the Affiliation Oversight Committee will be presented to the Board at a subsequent regular meeting.

c. Recommendation to approve revisions to Medical Staff Bylaws.

The Committee reviewed the attached excerpts of the Medical Staff Bylaws as presented and further edited in discussion by Stacey J. Finn, Medical Staff Coordinator & Executive Assistant to the CMO. The Medical Staff Bylaws are considered to be a sub-set of the District Bylaws and subject to final approval of the District Board. The revisions presented here have been approved by the Executive Committee of the Medical Staff and are recommended to the Board.

Bylaws of the Sonoma Valley Health Care District

Section 3. Elections

Officers will be elected at the first regular Board meeting in December of each year for a term of one year. Election is by majority vote of the members of the newly-installed Board in even numbered years and by majority vote of existing members in odd numbered years. Officers may be elected to consecutive terms. In the event that the Board fills a vacant position, it may decide either to confirm the new Board member in the previous Board member's office or conduct a new set of elections.

Section 4. Committees

The Board may create committees in order to facilitate its business and to ensure access to expertise and citizen input. All committees shall be advisory to the Board and have no authority to make decisions or take actions on behalf of the Board unless specifically delegated by the Board. A committee is created or disbanded by majority vote of the Board.

a. Types of Committees

- (1) Standing Committees assist the Board by gathering information, evaluating proposals and policies, and making recommendations regarding key and continuous or regularly recurring functions of the District, and are subject to Ralph M. Brown Act provisions. The Board Standing Committees shall be:
 - i. Finance Committee
 - ii. Quality Committee
 - iii. Governance Committee
 - ~~iv.~~ iv. Audit Committee
 - ~~v.~~ v. Affiliation Oversight Committee
- (2) Advisory Committees ("Ad Hoc") may be established to study and make recommendations to the Board on specific matters. The scope of such committees shall be limited and shall not be of continuous or on-going nature. Upon determination by the Board that the period for advice has passed or upon acceptance of the Advisory Committee's written report by the Board, the Advisory Committee shall be disbanded. Advisory Committees shall be comprised of two Board members and are not subject to Brown Act provisions.
- (3) Members of Standing Committees and Advisory Committees shall be residents of the District or practitioners or business owners having their primary activity within the District.



To: SVHCD Board of Directors
Meeting Date: June 3, 2021
Prepared by: Stacey Finn, Medical Staff Coordinator
Agenda Item Title: Medical Staff Bylaws – Staff Status Revision

Currently the Medical Staff Bylaws outline the medical staff categories as Active, Affiliate, Associate, Courtesy, Honorary, and Tele Medicine. Because of the hospital’s size and the updates to the way hospital medicine is practiced, many of our physicians do not meet the Active status. This in turn means that we have a very small pool of active medical staff. This affects leadership roles, voting capacity and does not adequately give a voice to the local practicing physicians.

The Medical Executive Committee, Medicine and Surgery Committees, and Board Governance Committee have reviewed and approved the following updates to the staff status: Active, Courtesy, Honorary and Tele Medicine.



MEDICAL STAFF BYLAWS

June 4, 2020

Article 3

CATEGORIES OF THE MEDICAL STAFF

3.1 Staff Categories

Each Medical Staff member shall be assigned to a Medical Staff category based on the qualifications defined below. The members of each Medical Staff category shall have the prerogatives and carry out the duties defined in the bylaws and rules. Action may be initiated to change the Medical Staff category or terminate the membership of any member who fails to meet the qualifications or fulfill the duties described in the rules. Changes in Medical Staff category shall not be grounds for a hearing unless they adversely affect the member's privileges.

~~3.1.1 Associate Medical Staff~~

~~a. Qualification: Appointees to this staff category must:~~

~~i. Meet the general Medical Staff qualifications set for in Article 2.2 of the Bylaws and who immediately prior to their application and appointment were not members in good standing of the Medical Staff.~~

~~b. Prerogatives: Appointees to this staff category may:~~

~~i. Attend any staff or hospital education programs.~~

~~ii. Attend meetings of the Medical Staff and the departments of which that person is a member in a voting capacity~~

~~iii. Serve on committees, but may not be eligible to act as chairperson or hold office.~~

~~iv. Admit patients and exercise such clinical privileges are granted pursuant to Article V.~~

~~c. Responsibilities: Appointees to this staff category must:~~

~~i. Undergo a period of proctoring as described in Section 5.9.~~

~~ii. Fulfill the responsibilities of the staff category to which s/he wishes to be transferred after successful completion of the Associate year.~~

~~iii. Pay annual dues~~

3.1-2 Active Medical Staff

a. Qualifications: ~~Appointees to this staff category must:~~

The Active Staff shall consist of members who:

a. meet the general qualifications for membership set forth in Section 2.2 of the Bylaws;

b. have satisfactorily completed the provisional requirements for new staff as described in Section 4.7;

(1) Until completion of such requirements, they shall be referred to as Provisional Active. References in these bylaws to "Active Staff" shall not be deemed to include members of the Provisional Active Staff unless the intent to include Provisional members is clear.

c. have a local office, and are located close enough to the hospital to provide appropriate continuity of care;

d. regularly admit and care for inpatients or utilize outpatient services in the Hospital and are regularly involved in Medical Staff activities, including attendance at Department meetings; and

e. provide specialty call back-up and consultations as may be required by the Rules and Regulations.

~~i. Attend at least fifty percent (50%) of Surgery, Medicine, or Anesthesia Department meetings or Section meetings and at least one (1) general quarterly medical staff meeting per year AND~~

~~ii. Have six (6) or more patient encounters (inpatient procedures, admissions, consultations, emergency service visits, or outpatient surgeries) per year.~~

~~iii. Be able to assume the functions and responsibilities of membership on the active medical staff.~~

~~iv. Have completed at least one (1) year of satisfactory performance on the medical staff (i.e., Associate status).~~

b. Prerogatives: Appointees to this category may:

Except as otherwise provided the prerogatives of an Active Staff member shall be to:

a. admit patients and exercise such privileges as are granted pursuant to the Bylaws and the Rules and Regulations;

b. attend and vote on matters presented at general and special meetings of the Medical Staff and of the Department and committees of which he/she is a member;

c. hold Medical Staff and Department office and serve as chairman and/or a voting member of committees to which he/she is duly appointed or elected by the Medical Staff or duly authorized representative thereof;

~~d. be assigned to an appropriate Medical Staff department based upon clinical practice;~~

~~Provisional Active members may not vote or hold office or chairmanship until they have completed their provisional requirements as described in Section 4.7.~~

~~i. Vote on all matters presented at general and special meetings of the Medical Staff, of the departments and committees to which s/he is duly appointed, and on changes to Medical Staff Officers and Bylaws.~~

~~ii. Hold office and serve as a voting member, or be the chairperson, of any committee to which the member is duly appointed or elected, unless otherwise specified by these Bylaws.~~

~~iii. Attend any staff or hospital education programs.~~

~~iv. Admit patients and exercise such clinical privileges as are granted pursuant to Article V.~~

~~e. Responsibilities: Appointees to this category must:~~

~~i. Contribute to the organizational and administrative affairs of the Medical Staff.~~

~~ii. Actively participate in recognized functions of the Medical Staff such as monitoring quality improvement, monitoring initial appointees during their provisional period, and in discharging other staff functions as may be required from time to time.~~

~~iv. Pay annual dues~~

~~3.1.3 Affiliate Medical Staff~~

~~a. Qualifications: Appointees to this staff category shall be those who meet the minimum requirements for patient encounters as required for active staff (six (6) or more inpatient procedures, admissions, consultations, emergency service visits, or outpatient surgeries) per year, but do not meet the minimum meeting attendance requirements for Active Staff.~~

~~b. Prerogatives: Appointees to this Staff Category may:~~

~~i. Attend any staff or hospital education programs.~~

~~ii. Attend meetings in a voting capacity~~

~~iii. Not hold office or be the chairperson of any committee~~

~~iv. Admit patients and exercise such clinical privileges as are granted pursuant to Article V.~~

~~e. Responsibilities: Appointees to this category must:~~

~~i. Have completed at least one (1) year of satisfactory performance on the medical staff (i.e., Associate status).~~

~~ii. Pay annual dues~~

3.1-4 Courtesy Medical Staff

Qualifications

A physician or dentist may be eligible for Courtesy Staff membership if he/she is an active staff member in good standing of the Medical Staff of another California Medicare-participating hospital where each is subject to a patient care audit program and other quality maintenance activities. Exceptions to this requirement may be made by the Medical Executive Committee for good cause.

When loss of membership at his/her primary hospital occurs, the practitioner shall automatically lose his/her membership and privileges at Sonoma Valley Hospital.

~~a. Qualifications: Appointees to this staff category shall be those who provide professional services (inpatient procedures, admissions, consultations, emergency service visits, and outpatient surgeries) to no more than six (6) patients each year of the two year reappointment period in the hospital. There is no meeting requirement. Courtesy Staff members who exceed these limits will be moved to the appropriate staff category at time of reappointment. The Medical Executive Committee may make exceptions to this requirement upon showing of good cause. They must also meet the following requirements:~~

~~i. Be members in good standing of the Medical Staff of another California Medicare participating hospital where each is subject to a patient care audit program and other quality maintenance activities. Exceptions to this requirement may be made by the Medical Executive Committee for good cause.~~

The Courtesy Staff Shall Consist Of Members:

~~a. who can demonstrate current competence and the maintenance of their knowledge and skills by documenting that they have routinely practiced in this or another acute care hospital, or another setting similarly calling for the exercise of their professional knowledge and skills, over the last twenty-four (24) months.~~

~~b. who meet the general qualifications set forth in Section 2.2 of the Bylaws; and,
Specific clinical privileges shall be applied for and restricted in the same manner as privileges of Active Staff members. At the time of appointment and every two years at the time of reappointment, a practitioner shall provide documentation from his/her primary hospital.~~

~~ii. Have completed at least one (1) year of satisfactory performance on the medical staff (i.e., Associate status);~~

b. Prerogatives: Appointees to this staff category may:

- i. Attend any staff or hospital education programs.
- ii. Attend meetings in a voting capacity.

iii. Admit patients to the hospital with the limitations of Section 3.1-4a and exercise such clinical privileges as are granted pursuant to Article V.

c. Responsibilities: Appointees to this category must:

i. Pay annual dues

~~3.1-5~~ Consulting Medical Staff

~~a. Qualifications: Appointees to this staff category must:~~

~~i. Be interested in the clinical affairs of the hospital and possess unique or special ability and knowledge to provide valuable assistance in difficult cases.~~

~~ii. Act only as consultants and not be otherwise eligible to admit patients.~~

~~iii. Be members of the Active or Associate Medical Staff of another California Medicare participating hospital OR have an established local outpatient practice. Additional exceptions to this requirement may be made by the Medical Executive Committee for good cause.~~

~~iv. Have completed at least one (1) year of satisfactory performance on the medical staff (i.e., Associate status).~~

~~b. Prerogatives: Appointees to this staff category may:~~

~~i. Attend any staff or hospital education programs.~~

~~ii. Attend meetings in a non-voting capacity.~~

~~iii. Not hold office or be the chairperson of any committee.~~

~~iv. Exercise such clinical privileges as are granted pursuant to Article V.~~

~~c. Responsibilities: Appointees to this staff category must:~~

~~i. Pay annual dues~~

~~3.1-6~~ Locum Tenens Staff

~~a. Qualifications: Locum Tenens Staff shall consist of practitioners who only provide coverage for members of the Medical Staff.~~

~~b. Prerogatives: They may not hold office or be the chairperson of any committee. They may not vote.~~

~~c. Responsibilities: They are not required to pay annual dues.~~

~~6.1-13.1-7~~ Telemedicine Staff

1. Qualifications: Telemedicine Staff shall consist of Telemedicine Providers who provide diagnostic, consulting, or treatment services to hospital patients via Telemedicine devices.
2. Prerogatives: They are not eligible to admit patients. They may serve on committees in a non-voting capacity at the discretion of the Medical Executive Committee.
3. Responsibilities: They are not required to pay annual dues if they are credentialed at a distant site. Those that are fully credentialed with the hospital shall pay dues.
4. Additional Provisions Applicable to Telemedicine Staff:

i. Responsibility to Communicate Concerns/Problems:

- 1) There is a need for clear delineation of reporting responsibilities respecting the Telemedicine providers' performance. At the very least, the Medical Staff officials at this hospital must be informed of any practitioner-specific problems that arise in the delivery of services to this hospital's patients.
- 2). Additionally, this hospital should communicate to the Medical Staff officials at the Distant Site or the Medical Director on site, through peer review channels, any problems that may arise in the delivery of care by the Telemedicine provider to patients at this hospital.
- 3). Similarly, when a member of this hospital's Medical Staff is providing telemedicine services to patients at another facility, this hospital's Medical Staff should communicate to the Medical Staff officials at the Originating Site, through peer review channels, any problems that may arise in the delivery of telemedicine services by members of this hospital's Medical Staff.
- 4). The Chief of Staff may enter into appropriate information sharing agreements and/or develop and implement appropriate protocols to effectuate these provisions.

ii. Responsibility to Review Practitioner-Specific Performance:

- 1). Special proctoring arrangements may be made for qualified practitioners at the Distant Site to proctor cases performed by new members of the Telemedicine Staff. The Telemedicine staff credentialed on site will have proctoring done via chart review by the respective department chair.
- 2). Primary responsibility to assess what, if any, practitioner-specific performance improvement and/or corrective action may be warranted rests with the Originating Site. If such action gives rise to procedural rights at this hospital, the provisions of Article 13 of the Bylaws will apply. However, this Medical Staff is authorized to develop integrated peer review policies and procedures with other System members, whereby representatives of both the Originating Site's and the Distant Site's Medical Staffs engage in integrated review and recommendation. For practitioners credentialed on site

any performance improvement and/or corrective action will be managed through the peer review process.

iii. Requirement for Contract with Distant Site/Agency: This Hospital must have a written agreement with each Distant Site from which a Telemedicine Provider delivers telemedicine services that specifies the following:

- 1) The Distant Site/Agency is a contractor of services to the Hospital
- 2) The Distant Site/Agency furnishes services in a manner that permits this hospital to be in compliance with the Medicare Conditions of Participation.
- 3) This hospital makes certain through the written agreement that all Distant Site/Agency Telemedicine Providers' credentialing and privileges meet, at a minimum the Medicare Conditions of Participation at 42 CFR 482.12(a)(1) through (a)(9) and 482.22(a)(1) through (a)(4).

3.1-8 Honorary Staff

a. Qualifications: Honorary Staff shall consist of practitioners the Medical Staff wishes to honor due to their outstanding reputations, noteworthy contributions to the health and medical sciences, or their previous longstanding service to the hospital, and were in good standing when they retired; or strictly hold an administrative role with in their medical group and wish to be on Medical Staff.

b. Prerogatives: They are not eligible to admit patients or exercise clinical privileges. They may not vote or hold office. They may serve on committees in a non-voting capacity at the discretion of the Medical Executive Committee. They may attend any staff or hospital education program.

c. Responsibilities: They are not required to pay annual dues.

6-23.1 Assignment and Transfer in Staff Category

a. Medical staff members shall be assigned to the category of staff membership based upon the qualifications identified above. Active staff members who fail to achieve the minimum activity for two consecutive years shall be automatically transferred to the appropriate category. Action shall be initiated to evaluate and possibly terminate the privileges and membership of any staff member who has failed to meet the requirements of any category. A Courtesy Member who has exceeded the maximum activity permitted for two consecutive years shall be deemed to have requested transfer to the appropriate category. The Medical Executive Committee shall approve these assignments and transfers, which shall then be evaluated in accordance with the bylaws and these rules. The transfers shall be done at the time of reappointment, or as deemed necessary by the Medical Executive Committee.

~~a-b.~~ The District Board (on recommendation of the Medical Executive Committee) may rescind an automatic transfer, but only if the practitioner clearly demonstrates that unusual circumstances unlikely to occur again in his or her practice caused the failure to meet the minimum or maximum requirements.



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: June 3, 2021
Subject: CMO Report

May Highlights Included:

1. COVID-19:
 - a. There were no COVID-19 inpatients at SVH in the month of May. As CDPH COVID-19 waivers are scheduled to end July 17, we are making plans to store away our surge beds and discontinue COVID-19 pre-op testing for those who are vaccinated.
 - b. We were allotted a 30 day sustainment supply of PPE from the state inventory. This was requested and received.
2. Tribute to Dr. Robbie Cohen: The tribute photo has arrived and a dedication date is being set for the near future.
3. Med-Surg / ICU / Surgery / ED Updates:
 - a. Virtual Case Management: We are now live and working through the learning curve of virtual case management. A second case manager is now training to join this virtual team. We are planning to go live with weekend coverage and post-discharge follow-up calls in June.
 - b. ED census continues a slow upward trend, but remains significantly below pre-COVID norms. The ED team continues to focus on sepsis care with in depth reviews of all cases by the multi-disciplinary team.
 - c. The OR team is continue work on improving the processes and equipment in central sterile. In addition they are now working on absorbing our outpatient infusions into the surgical care area and planning for the transition to only testing unvaccinated pre-op patients for COVID-19.
 - d. Six RNs received Daisy Awards during Nurses Week.
4. Medical Staff:
 - a. May meetings included MEC, Pharmacy & Therapeutics.
 - b. Nominations for new medical staff chairs are underway for July elections.

- c. The next medical staff meeting will be held virtually on June 8. We hope subsequent quarterly meetings will be held in person.
- 5. Quality:
 - a. Reportable Events: None
 - b. A new internal quality committee for SVH leaders is being developed.

Dashboards: using UCSF's examples we are looking to reformat and expand many of our current quality dashboards.



To: SVHCD Board of Directors
From: Administrative Team
Date: 6/3/2021
Subject: Administrative Report

Summary: COVID cases continue to trend down. May continued to see growth in non-COVID volumes in both in and out patient areas. Phase 1 of the ODC is currently scheduled to open this summer 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"> ➤ Recruitment for the leadership position for SVH IT began on the UCSF (and SVH) website last week. We are looking forward to benefitting from the robust UCSF IT team we will have access to under this agreement. ➤ Review continues regarding the possibility of joining the Marin implementation of UCSF's EPIC instance. Implementation estimates continue to be refined as scope is narrowed. 6/30 remains an important decision point as that is projected to be the deadline for joining Marin's implementation. Alternatives such as 3rd party instances of EPIC and other EHR products are being explored as well.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ Analysis of the remaining open item on Phase 1 of the ODC will be completed by 6/1. While it is possible that in house modifications to the air handling system will resolve the deficiencies by the end of June, it is more likely that the project's new air handler, currently being installed, will be needed to meet the requirements. The air handler installation is scheduled to be completed by the end of July. If this is the outcome, we would expect inspections and occupancy to occur in August. ➤ I have formally halted progress on Phase 2 of the project, installation of a new MRI and renovation/relocation of other diagnostics. We will be working with the contractor, Dome Construction to determine how to complete the project within budget. Timeline TBD. ➤ Engagement continues with community groups and community members. ➤ SVH Foundation, in concert with UCSF, hosted the Women's Health Symposium on Thursday May 13th. Roughly 200 attendees enjoyed presentations by Neurologist Dena Dubal and Cardiologist Rita Redberg moderated by Dr. Andrew Josephson. Feedback was very positive.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ Dr. Sabrina Kidd was placed as the head of quality at SVH through a reorganization of the SVH Quality chain of command. Roles and responsibilities will largely remain the same. The key change is that Dr. Kidd is now the executive responsible for setting the SVH course to insure continued high performance in the quality arena. ➤ SVH has reintroduced a texting service designed to allow patients to provide real time feedback to the organization. The tool has been successfully used in the past.

Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ The team continues to work on recruitment efforts to bring MDs to Sonoma. ➤ We continue to explore ways in which UCSF can aid in those efforts.
Be a Healthy Hospital	<ul style="list-style-type: none"> ➤ Hospital vaccination rates are above 90%. ➤ HR implemented 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.

APRIL 2021

			National Benchmark
Patient Experience	Current Performance	FY 2021 Goal	
Would Recommend Hospital		> 70 percent	50th percentile
Inpatient Overall Satisfaction		>70 percent	50 th percentile
Outpatient Services	4.85	4.5	3.8
Emergency Department	4.57	4.5	3.8
Quality & Safety	YTD Performance	FY 2021 Goal	Benchmark
Central Line Infection	0	<1	<.51
Catheter Infection	0	<1	<1.04
Surgery Site Infection – Colon	0	<1	N/A
Surgery Site Infection – Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Difficile	1.04	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	0.0%	<18%	25%
30 Day All- Cause Readmissions	9.59%	< 15.3 %	< 15%
Serious Safety Events	0	0	0
Falls	3.56	< 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	1.5	1.4	1.3
Hospital Star Rating	3	4	3
Staff Satisfaction	Performance	FY 2021 Goal	Benchmark
Staff Pulse Survey	4.05 out of 5	>3.8	75%
Turnover	13.5%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2021 Goal	Benchmark
EBDA	32.1%	>3%	3%
Paid FTE's	226	<235	235
Days Cash on Hand	32.4	>30	30
Days in Accounts Receivable	43.0	<45	50
Length of Stay	3.7	<4.0	4.03
Funds raised by SVHF	\$21.1 million	\$21 million	\$1 million
Strategic Growth	YTD/Projected	FY 2021 Goal	FY 2020
Inpatient Discharges		850	862
Outpatient Visits	137,709	48,000	47,802
Emergency Visits		10,000	9784
Surgeries + Special Procedures		2000	2226
Community Benefit Hours	1169	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	13.5	8.2	8.2
Leave of Absences	<12	6	8	10	13	13	13	15	17	17	16	13	9
EBDA	>3%	-8	-7	-18	-4.4	-27		-26	-	0.9	32.1	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	9.1	1.3	3.4
Net Income	>50k	418	658	-576	-235	1.4	823	-529	-666	339	3.1	3600	-565
Days Cash on Hand	>30	73	68.6	63	60	35.4	32.9	30.6	31.9	36.3	32.4	87.1	81
Receivable Days	<50	40	39	39	53.2	69.6	66.1	53.7	49.9	46.9	43.0	44	49
Accounts Payable Days	>50	35	31.6	40	58.3	53.3	45.4	47.4	47.6	47.2	45.0	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	3.3	2.4	2.8
Total Paid FTE's	<235	230	229	226	204	230	227	225	234	231	226	205	225
Inpatient Discharges	>80	75	65	60	64	57	65	63	54	69	75	44	65
Patient Days	>300	324	314	214	230	230	294	230	243	309	202	179	238
Observation Days	<20	20	21	32	18	11	21	15	15	16	12	9	16
Average Daily Census	>10	10.5	10.1	7.1	3.6	10.6	9.5	7.4	8.7	10	9.4	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	10.9	10.5	14.6
Surgeries	>120	115	114	115	121	111	123	102	99	133	123	34	116
Special Procedures	>50	37	34	57	47	50	50	27	45	55	58	8	46
Emergency Visits	>800	735	723	653	696	674	674	673	616	769	766	645	695
MRI	>120	93	84	N/A	114	145	159	100	116	144	135	68	116
Cardiology (Echos)	>65	63	71	N/A	88	46	85	56	55	84	74	52	70
Laboratory	>11	12.6	12.1	N/A	4	9.9	15.9	10.9	10.9	12.7	12.1	8.5	11.1
Radiology	>900	883	806	N/A	241	778	1090	766	776	891	914	572	797
Rehab	>2000	2206	1664	N/A	971	2207	3463	2062	215	2555	2933	1182	1984
CT	>350	382	426	N/A	117	356	525	340	432	467	442	367	401
Mammography	>200	213	179	N/A	75	129	158	192	175	188	205	87	228
Ultrasound	>250	228	253	N/A	76	189	248	188	245	319	263	163	272
Occupational Health	>550	580	426	N/A	534	331	458	365	500	491	509	380	462
Wound Care	>275	191	154	N/A	90	148	227	227	237	176	188	112	164



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: May 25, 2021
Subject: Financial Report for the Month Ending April 30, 2021

During the month of April the hospital continued to experience higher outpatient volumes than previous months. Furthermore, the hospital accrued \$5,120,000 for the 2019-2020 Rate Range Intergovernmental Transfer Program (IGT) with a matching fee of \$2,149,000. The net proceeds to the hospital are projected at \$2,971,000. The matching fee was issued in April and the gross proceeds are expected to be received by the end of the fiscal year.

For the month of April the hospital's actual operating margin of \$2,370,688 was \$455,590 favorable to the budgeted operating margin of \$1,915,098. After accounting for all other activity; the net income for April was \$3,133,218 vs. the budgeted net income of \$2,715,286 with a monthly EBDA of 32.1% vs. a budgeted 29.3%.

Gross patient revenue for April was \$23,434,389; (\$288,843) under budget. Inpatient gross revenue was under budget by (\$348,173). Inpatient days were under budget by (25) day and inpatient surgeries were under budget by (3) cases. Outpatient gross revenue was over budget by \$838,308. Outpatient visits were over budget by 38 visits, outpatient surgeries were under budget by (40) cases, and special procedures were under budget by (23) cases. The Emergency Room gross revenue was under budget by (\$778,978) with ER visits under budgeted expectations by (218) visits.

Deductions from revenue were favorable to budgeted expectations by \$839,986 primarily from the accrual of the 2019-2020 Rate Range IGT.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$591,157.

Operating Expenses of \$6,751,582 were unfavorable to budget by (\$135,567) primarily due to the Rate Range IGT matching fee being higher than budgeted (\$194,120). Salaries and wages and agency fees were under budget by \$130,093 from flexing clinical staff and the CFO and CMO salary costs now in contracted labor. Contracted labor was over budget by (\$80,481) due to the UCSF contracted labor costs for the CFO and CMO and higher than budgeted legal fees in Human Resources. Utilities are over budget due to a previous month's electrical bill being posted to April.



After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for April was \$2,674,858 vs. a budgeted net income of \$2,235,077. In the month of April the hospital received \$272,326 in donations from the Sonoma Valley Hospital Foundation primarily for the ODC construction costs. The total net income for April after all activity was \$338,521 vs. a budgeted net income of \$225,282.

EBDA for the month of April was 32.1% vs. the budgeted 29.3%.

Patient Volumes – April

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	75	82	-7	39
Acute Patient Days	281	306	-25	156
Observation Days	12	0	12	13
OP Gross Revenue	\$17,176	\$17,117	\$59	\$7,124
Surgical Cases	123	166	-43	17

Gross Revenue Overall Payer Mix – April

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	39.0%	42.2%	-3.2%	40.2%	42.2%	-2.0%
Medicare Mgd Care	15.8%	13.3%	2.5%	15.4%	13.3%	2.1%
Medi-Cal	17.5%	17.8%	-0.3%	18.6%	17.8%	0.8%
Self Pay	0.7%	1.9%	-1.2%	1.2%	1.9%	-0.7%
Commercial	23.8%	22.2%	1.6%	21.6%	22.2%	-0.6%
Workers Comp	3.2%	2.6%	0.6%	3.0%	2.6%	0.4%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for April:

For the month of April the cash collection goal was \$3,296,420 and the Hospital collected \$3,732,156 or over the goal by \$435,736. The year-to-date cash collection goal was \$30,356,407 and the Hospital has collected \$31,038,698 or over goal by \$682,291.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	32.4	36.3	-3.9	43.1
Accounts Receivable Days	43.0	46.9	-3.9	35.5
Accounts Payable	\$3,331,798	\$3,446,736	-\$114,938	\$2,918,422
Accounts Payable Days	45.0	47.2	-2.2	41.9

ATTACHMENTS:

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



Sonoma Valley Hospital
Payer Mix for the month of April 30, 2021

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,135,313	9,987,443	-852,130	-8.5%	82,339,521	92,382,895	-10,043,374	-10.9%
Medicare Managed Care	3,693,588	3,156,883	536,705	17.0%	31,490,797	29,174,821	2,315,976	7.9%
Medi-Cal	4,105,522	4,213,515	-107,993	-2.6%	38,029,876	38,941,796	-911,920	-2.3%
Self Pay	164,596	448,436	-283,840	-63.3%	2,373,797	4,135,989	-1,762,192	-42.6%
Commercial & Other Government	5,594,604	5,289,199	305,405	5.8%	44,388,351	48,937,879	-4,549,528	-9.3%
Worker's Comp.	740,766	627,756	113,010	18.0%	6,229,238	5,789,855	439,383	7.6%
Total	23,434,389	23,723,232	(288,843)		204,851,580	219,363,235	(14,511,655)	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,070,924	1,274,765	-203,841	-16.0%	9,825,184	11,301,855	-1,476,671	-13.1%
Medicare Managed Care	397,943	340,581	57,362	16.8%	3,476,461	3,223,069	253,392	7.9%
Medi-Cal	446,871	446,374	497	0.1%	4,038,763	4,203,378	-164,615	-3.9%
Self Pay	92,869	209,741	-116,872	-55.7%	1,230,641	1,914,948	-684,307	-35.7%
Commercial & Other Government	1,480,275	1,593,978	-113,703	-7.1%	13,235,804	15,349,783	-2,113,979	-13.8%
Worker's Comp.	134,449	114,169	20,280	17.8%	1,170,359	1,075,795	94,564	8.8%
Prior Period Adj/IGT	5,377,844	4,470,424	907,420	20.3%	8,100,260	5,570,424	2,529,836	45.4%
Total	9,001,175	8,450,032	551,143	6.5%	41,077,472	42,639,252	(1,561,780)	-3.7%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11.9%	15.1%	-3.2%	-21.2%	23.9%	26.5%	-2.6%	-9.8%
Medicare Managed Care	4.4%	4.0%	0.4%	10.0%	8.5%	7.6%	0.9%	11.8%
Medi-Cal	5.1%	5.2%	-0.1%	-1.9%	9.9%	9.8%	0.1%	1.0%
Self Pay	1.0%	2.5%	-1.5%	-60.0%	3.0%	4.5%	-1.5%	-33.3%
Commercial & Other Government	16.4%	18.9%	-2.5%	-13.2%	32.2%	36.0%	-3.8%	-10.6%
Worker's Comp.	1.5%	1.4%	0.1%	7.1%	2.8%	2.5%	0.3%	12.0%
Prior Period Adj/IGT	59.7%	52.9%	6.8%	12.9%	19.7%	13.1%	6.6%	50.4%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11.7%	12.8%	-1.1%	-8.6%	11.9%	12.2%	-0.3%	-2.5%
Medicare Managed Care	10.8%	10.8%	0.0%	0.0%	11.0%	11.0%	0.0%	0.0%
Medi-Cal	10.9%	10.6%	0.3%	2.8%	10.6%	10.8%	-0.2%	-1.9%
Self Pay	56.4%	46.8%	9.6%	20.5%	51.8%	46.3%	5.5%	11.9%
Commercial & Other Government	26.5%	30.1%	-3.6%	-12.0%	29.8%	31.4%	-1.6%	-5.1%
Worker's Comp.	18.1%	18.2%	-0.1%	-0.5%	18.8%	18.6%	0.2%	1.1%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended April 30, 2021**

ATTACHMENT B

<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>	
<u>Actual</u> <u>04/30/21</u>	<u>Budget</u> <u>04/30/21</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>		<u>Actual</u> <u>04/30/21</u>	<u>Budget</u> <u>04/30/21</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>	<u>Prior</u> <u>Year</u> <u>04/30/20</u>	
Inpatient Utilization								
Discharges								
1	60	66	(6)	Med/Surg	511	615	(104)	591
2	15	16	(1)	ICU	136	153	(17)	162
3	75	82	(7)	Total Discharges	647	768	(121)	753
Patient Days:								
4	202	222	(20)	Med/Surg	1,769	2,080	(311)	1,986
5	79	84	(5)	ICU	909	790	119	822
6	281	306	(25)	Total Patient Days	2,678	2,870	(192)	2,808
7	12	-	12	Observation days	181	-	181	172
Average Length of Stay:								
8	3.4	3.4	0.0	Med/Surg	3.5	3.4	0.1	3.4
9	5.3	5.3	0.0	ICU	6.7	5.2	1.5	5.1
10	3.7	3.7	0.0	Avg. Length of Stay	4.1	3.7	0.4	3.7
Average Daily Census:								
11	6.7	7.4	(0.7)	Med/Surg	5.8	6.8	(1.0)	6.5
12	2.6	2.8	(0.2)	ICU	3.0	2.6	0.4	2.7
13	9.4	10.2	(0.8)	Avg. Daily Census	8.8	9.4	(0.6)	9.2
Other Utilization Statistics								
Emergency Room Statistics								
14	766	984	(218)	Total ER Visits	6,979	9,066	(2,087)	8,444
Outpatient Statistics:								
15	4,610	4,572	38	Total Outpatients Visits	39,768	42,324	(2,556)	41,017
16	22	25	(3)	IP Surgeries	165	229	(64)	210
17	101	141	(40)	OP Surgeries	991	1,299	(308)	1,173
18	58	81	(23)	Special Procedures	460	744	(284)	624
19	281	294	(13)	Adjusted Discharges	2,389	2,722	(334)	2,789
20	1,051	1,097	(46)	Adjusted Patient Days	9,847	10,175	(328)	10,373
21	35.0	36.6	(1.5)	Adj. Avg. Daily Census	32.4	33.5	(1.1)	34.1
22	1.4897	1.4000	0.090	Case Mix Index - Medicare	1.5611	1.4000	0.161	1.3813
23	1.5050	1.4000	0.105	Case Mix Index - All payers	1.4982	1.4000	0.098	1.5307
Labor Statistics								
24	210	222	12	FTE's - Worked	208	217	9.6	204
25	226	248	22	FTE's - Paid	228	242	14.3	227
26	47.09	45.93	(1.16)	Average Hourly Rate	46.72	45.35	(1.38)	45.22
27	6.45	6.79	0.34	FTE / Adj. Pat Day	7.04	7.24	0.20	6.66
28	36.7	38.7	1.9	Manhours / Adj. Pat Day	40.1	41.3	1.1	37.9
29	137.7	144.3	6.6	Manhours / Adj. Discharge	165.3	154.2	(11.1)	141.1
30	24.1%	22.6%	-1.5%	Benefits % of Salaries	22.3%	22.5%	0.2%	22.9%
Non-Labor Statistics								
31	16.5%	19.0%	2.5%	Supply Expense % Net Revenue	17.0%	15.0%	-2.0%	12.6%
32	2,129	1,988	(141)	Supply Exp. / Adj. Discharge	2,377	2,056	(321)	1,924
33	24,378	22,801	(1,577)	Total Expense / Adj. Discharge	20,304	17,871	(2,433)	16,805
Other Indicators								
34	30.0			Days Cash - Operating Funds				
35	43.0	50.0	(7.0)	Days in Net AR	50.1	50.0	0.1	42.0
36	113%			Collections % of Net Revenue	102%			97.1%
37	45.0	55.0	(10.0)	Days in Accounts Payable	45.0	55.0	(10.0)	50.5
38	15.5%	13.0%	2.5%	% Net revenue to Gross revenue	16.3%	17.0%	-0.7%	20.8%
39	17.8%			% Net AR to Gross AR	17.8%			16.7%

Sonoma Valley Health Care District
Balance Sheet
As of April 30, 2021

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 2,816,185	\$ 1,275,042	\$ 2,719,200
2 Cash - Money Market	1,638,243	3,638,083	6,235,214
3 Net Patient Receivables	6,269,820	6,446,661	4,841,011
4 Allow Uncollect Accts	(979,996)	(1,006,831)	(1,299,500)
5 Net A/R	5,289,824	5,439,830	3,541,511
6 Other Accts/Notes Rec	1,624,496	1,832,721	264,593
7 Parcel Tax Receivable	185,362	1,753,089	114,617
8 GO Bond Tax Receivable	1,411,343	1,411,343	1,172,250
9 3rd Party Receivables, Net	5,220,366	184,922	573,802
10 Inventory	881,081	883,604	987,778
11 Prepaid Expenses	829,085	774,496	742,843
12 Total Current Assets	\$ 19,895,985	\$ 17,193,130	\$ 16,351,808
13 Property, Plant & Equip, Net	\$ 52,744,211	\$ 52,688,262	\$ 49,287,211
14 Trustee Funds - GO Bonds	4,573,552	4,573,447	4,192,341
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 78,213,748	\$ 75,454,839	\$ 69,831,360
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,331,798	\$ 3,446,736	\$ 2,918,422
18 Accrued Compensation	3,834,359	3,693,562	3,248,403
19 Interest Payable - GO Bonds	269,178	179,447	286,278
20 Accrued Expenses	1,939,694	1,822,435	1,519,187
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	633,318	949,985	633,322
23 Deferred GO Bond Tax Revenue	551,535	827,300	517,469
24 Current Maturities-LTD	277,946	285,430	347,571
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	252,412	252,412	37,836
27 Total Current Liabilities	\$ 16,563,974	\$ 16,931,041	\$ 14,982,222
28 Long Term Debt, net current portion	\$ 27,183,233	\$ 27,190,475	\$ 28,730,618
29 Fund Balances:			
30 Unrestricted	\$ 19,430,553	\$ 16,569,661	\$ 17,370,898
31 Restricted	15,035,988	14,763,662	8,747,622
32 Total Fund Balances	\$ 34,466,541	\$ 31,333,323	\$ 26,118,520
33 Total Liabilities & Fund Balances	\$ 78,213,748	\$ 75,454,839	\$ 69,831,360

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended April 30, 2021**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	75	82	(7)	-9%	Acute Discharges	647	768	(121)	-16%	753	
2	281	306	(25)	-8%	Patient Days	2,678	2,870	(192)	-7%	2,808	
3	12	-	12	0%	Observation Days	181	-	181	*	172	
4	\$ 17,176	\$ 17,117	\$ 59	0%	Gross O/P Revenue (000's)	\$ 149,236	\$ 157,576	\$ (8,340)	-5%	\$ 149,396	
Financial Results											
Gross Patient Revenue											
5	\$ 6,257,909	\$ 6,606,082	(348,173)	-5%	Inpatient	\$ 55,615,311	\$ 61,786,929	(6,171,618)	-10%	\$ 55,611,561	
6	10,877,461	10,039,153	838,308	8%	Outpatient	90,264,468	92,442,247	(2,177,779)	-2%	84,837,758	
7	6,299,019	7,077,997	(778,978)	-11%	Emergency	58,971,801	65,134,059	(6,162,258)	-9%	64,878,166	
8	\$ 23,434,389	\$ 23,723,232	(288,843)	-1%	Total Gross Patient Revenue	\$ 204,851,580	\$ 219,363,235	(14,511,655)	-7%	\$ 205,327,485	
Deductions from Revenue											
9	(19,701,058)	(19,530,516)	(170,542)	-1%	Contractual Discounts	\$ (170,458,605)	\$ (180,163,327)	9,704,722	5%	\$ (160,759,862)	
10	(100,000)	(200,000)	100,000	50%	Bad Debt	(1,170,000)	(2,000,000)	830,000	42%	(1,880,000)	
11	(10,000)	(13,108)	3,108	24%	Charity Care Provision	(245,743)	(131,080)	(114,663)	-87%	(96,465)	
12	5,377,844	4,470,424	907,420	20%	Prior Period Adj/Government Program Revenue	8,100,240	5,570,424	2,529,816	45%	-	
13	\$ (14,433,214)	\$ (15,273,200)	839,986	-5%	Total Deductions from Revenue	\$ (163,774,108)	\$ (176,723,983)	12,949,875	-7%	\$ (162,736,327)	
14	\$ 9,001,175	\$ 8,450,032	551,143	7%	Net Patient Service Revenue	\$ 41,077,472	\$ 42,639,252	(1,561,780)	-4%	\$ 42,591,158	
15	\$ 121,095	\$ 81,081	40,014	49%	Other Op Rev & Electronic Health Records	\$ 890,687	\$ 810,810	79,877	10%	\$ 679,268	
16	\$ 9,122,270	\$ 8,531,113	591,157	7%	Total Operating Revenue	\$ 41,968,159	\$ 43,450,062	\$ (1,481,903)	-3%	\$ 43,270,426	
Operating Expenses											
17	\$ 1,819,287	\$ 1,949,380	130,093	7%	Salary and Wages and Agency Fees	\$ 18,453,094	\$ 19,035,462	582,368	3%	\$ 17,791,361	
18	681,502	702,533	21,031	3%	Employee Benefits	6,591,100	6,835,656	244,556	4%	6,568,427	
19	\$ 2,500,789	\$ 2,651,913	151,124	6%	Total People Cost	\$ 25,044,194	\$ 25,871,118	826,924	3%	\$ 24,359,788	
20	\$ 519,004	\$ 471,856	(47,148)	-10%	Med and Prof Fees (excl Agency)	\$ 4,437,002	\$ 4,357,428	(79,574)	-2%	\$ 4,237,384	
21	597,482	584,570	(12,912)	-2%	Supplies	5,676,949	5,595,858	(81,091)	-1%	5,365,237	
22	383,531	380,417	(3,114)	-1%	Purchased Services	4,234,810	4,109,583	(125,227)	-3%	3,813,177	
23	254,519	266,953	12,434	5%	Depreciation	2,553,705	2,669,530	115,825	4%	2,591,484	
24	123,304	84,604	(38,700)	-46%	Utilities	1,155,093	976,515	(178,578)	-18%	976,750	
25	43,196	42,599	(597)	-1%	Insurance	446,384	425,990	(20,394)	-5%	388,093	
26	15,729	23,821	8,092	34%	Interest	173,742	238,210	64,468	27%	307,124	
27	115,691	105,065	(10,626)	-10%	Other	1,052,650	1,071,554	18,904	2%	995,838	
28	2,198,337	2,004,217	(194,120)	10%	Matching Fees (Government Programs)	2,818,574	2,429,217	(389,357)	16%	2,765,336	
29	\$ 6,751,582	\$ 6,616,015	(135,567)	-2%	Operating expenses	\$ 47,593,103	\$ 47,745,003	151,900	0%	\$ 45,800,211	
30	\$ 2,370,688	\$ 1,915,098	\$ 455,590	-24%	Operating Margin	\$ (5,624,944)	\$ (4,294,941)	(1,330,003)	-31%	\$ (2,529,785)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended April 30, 2021**

ATTACHMENT D

	Month				Year-To- Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual		\$	%	Actual	Budget	\$	%		
31	\$ (12,497)	\$ 3,312	(15,809)	-477%	Non Operating Rev and Expense					
32	-	-	-	0%	Miscellaneous Revenue/(Expenses)					\$ 1,995,066
33	-	-	-	*	Donations					13,461
34	316,667	316,667	-	0%	Physician Practice Support-Prima					(107,328)
35	0	0	-	0%	Parcel Tax Assessment Rev					3,166,670
36	\$ 304,170	\$ 319,979	(15,809)	-5%	Extraordinary Items					(5,444)
					Total Non-Operating Rev/Exp					\$ 5,062,425
37	\$ 2,674,858	\$ 2,235,077	439,781	20%	Net Income / (Loss) prior to Restricted Contributions					\$ 2,532,640
38	\$ -	\$ -	-	0%	Capital Campaign Contribution					\$ -
39	\$ 272,326	\$ 294,175	(21,849)	0%	Restricted Foundation Contributions					\$ 1,878,920
40	\$ 2,947,184	\$ 2,529,252	417,932	17%	Net Income / (Loss) w/ Restricted Contributions					\$ 4,411,560
41	186,034	186,034	-	0%	GO Bond Activity, Net					1,627,673
42	\$ 3,133,218	\$ 2,715,286	417,932	15%	Net Income/(Loss) w GO Bond Activity					\$ 6,039,233
	\$ 2,929,377	\$ 2,502,030	427,347		EBDA - Not including Restricted Contributions					\$ 5,124,124
	32.1%	29.3%								11.8%

* Operating Margin without Depreciation expense:

\$ 2,370,688	\$ 1,915,098	\$ 455,590	-24%	Operating Margin	\$ (5,624,944)	\$ (4,294,941)	\$ (1,330,003)	-31%
254,519	266,953	12,434	5%	Add back Depreciation	2,553,705	2,669,530	115,825	4%
\$ 2,625,207	\$ 2,182,051	\$ 468,024	-20%	Operating Margin without Depreciation expense	\$ (3,071,239)	\$ (1,625,411)	\$ (1,214,178)	-89%

Sonoma Valley Health Care District
Variance Analysis
For the Period Ended April 30, 2021

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	582,368	130,093	Salaries and wages are under budget by \$201,003 and agency fees are over budget by (\$70,910). Nursing registry companies have increased their hourly costs due to COVID-19.
Employee Benefits	244,556	21,031	
Total People Cost	826,924	151,124	
Med and Prof Fees (excl Agency)	(79,574)	(47,148)	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	(81,091)	(12,912)	
Purchased Services	(125,227)	(3,114)	
Depreciation	115,825	12,434	
Utilities	(178,578)	(38,700)	Previous months utility bill (electrical) posted to April.
Insurance	(20,394)	(597)	
Interest	64,468	8,092	
Other	18,904	(10,626)	
Matching Fees (Government Programs)	(389,357)	(194,120)	19-20 Rate Range matching fee.
Operating expenses	151,900	(135,567)	

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	Actual Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	3,655,695	3,057,733	3,407,984	2,690,146	615,541	3,531,959	4,446,430	3,450,250	4,027,299	4,214,216	3,516,302	3,369,621	39,983,176
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	166,223	123,679	100,600	84,519	95,152	81,081	81,081	1,298,609
3 Other Non-Operating Revenue	73,172	15,194	22,125	4,004	12,969	16,141	22,280	46,486	19,733	10,731	23,796	23,796	290,427
4 Unrestricted Contributions	-	3,306	653	498	5,456	-	104,664	-	4,465	14,500	-	-	133,543
5 Line of Credit	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Total Hospital Sources	3,767,135	3,213,385	3,535,999	2,862,859	751,372	3,714,323	4,697,054	3,597,336	4,136,016	4,334,599	3,621,179	3,474,498	41,705,755
Hospital Uses of Cash													
6 Operating Expenses	5,534,264	3,523,571	3,598,086	3,371,953	2,861,765	5,271,701	4,968,063	4,675,467	4,243,978	4,140,376	4,372,890	4,545,188	51,107,302
7 Add Capital Lease Payments	7,854	88,349	7,904	7,929	74,551	7,979	8,004	27,931	14,093	14,726	-	-	259,319
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	315,568	294,175	294,175	7,794,012
Total Hospital Uses	6,326,547	4,610,788	3,702,178	4,661,812	5,293,886	5,696,634	5,523,258	4,709,769	4,658,665	4,470,670	4,667,065	4,839,363	59,160,633
Net Hospital Sources/Uses of Cash	(2,559,412)	(1,397,403)	(166,179)	(1,798,952)	(4,542,514)	(1,982,311)	(826,205)	(1,112,433)	(522,648)	(136,071)	(1,045,886)	(1,364,865)	(17,454,878)
Non-Hospital Sources													
10 Restricted Cash/Money Market	1,000,000	1,000,000	-	-	4,500,000	-	-	(1,900,000)	-	2,000,000	-	(4,000,000)	2,600,000
11 Restricted Capital Donations	784,428	973,350	71,332	-	2,306,562	391,178	459,231	-	365,953	257,826	294,175	294,175	6,198,210
12 Parcel Tax Revenue	86,141	-	-	-	-	2,046,911	-	-	-	1,567,726	-	-	3,700,779
13 Other Payments - Ins. Claims/HHS/Grants	340,068	49,150	-	-	10,839	-	-	-	-	50,000	-	-	450,057
14 Other:	-	-	-	-	-	-	-	-	-	-	-	-	-
15 IGT	-	-	108,320	-	(129,950)	30,856	-	1,984,768	25,584	-	168,491	5,209,288	7,397,356
16 IGT - AB915	-	-	-	-	-	-	-	(60,772)	-	-	-	-	(60,772)
17 PRIME	-	14,229	270,000	-	-	712,947	-	-	-	-	-	204,166	1,201,342
Sub-Total Non-Hospital Sources	2,210,637	2,036,729	449,652	-	6,687,451	3,181,892	459,231	23,996	391,537	3,875,552	462,666	1,707,629	21,486,972
Non-Hospital Uses of Cash													
18 Matching Fees	-	142,041	-	-	313,968	620,237	-	-	-	2,198,337	-	-	3,274,582
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	313,968	620,237	-	-	-	2,198,337	-	-	3,274,582
Net Non-Hospital Sources/Uses of Cash	2,210,637	1,894,688	449,652	-	6,373,483	2,561,656	459,231	23,996	391,537	1,677,215	462,666	1,707,629	18,212,390
Net Sources/Uses	(348,775)	497,285	283,473	(1,798,952)	1,830,969	579,345	(366,974)	(1,088,437)	(131,111)	1,541,144	(583,220)	342,764	
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	2,816,185	2,232,965	
Operating Cash at End of Period	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,494,590	1,406,153	1,275,042	2,816,185	2,232,965	2,575,729	
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	1,638,243	1,638,243	5,638,243	
Total Cash at End of Period	9,705,815	9,203,442	8,487,211	6,688,556	4,019,754	4,599,215	4,232,350	5,044,026	4,913,125	4,454,428	3,871,208	8,213,972	
Average Days of Cash on Hand	73.00	68.60	63.00	60.10	35.35	28.30	30.56	31.92	36.34	32.35	27.81	59.01	