



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

AGENDA

THURSDAY, AUGUST 5, 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 Interim District Clerk Stacey Finn at sfinn@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>			
1. CALL TO ORDER	<i>Rymer</i>		
<p>2. CLOSED SESSION</p> <ul style="list-style-type: none"> a. <u>Calif. Government Code §54956.9(d)(4)</u>: Conference Regarding Potential Litigation and Decision Whether to Initiate Litigation – One Potential Case b. <u>Calif. Government Code §37606 and Health and Safety Code §32106</u>: Report Involving Trade Secret Concerning Proposed New Service 			
3. REPORT ON CLOSED SESSION	<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>			
3. BOARD CHAIR COMMENTS	<i>Rymer</i>	Inform	

4. CONSENT CALENDAR a. Board Minutes 06.03.21 b. Finance Committee Minutes 06.22.21 c. Quality Committee Minutes 05.26.21 d. Governance Committee Minutes 05.19.21	<i>Rymer</i>	Action	Pages 3-4 Pages 5-7 Pages 8-10 Pages 11-12
5. VALLEY OF THE MOON POST ACUTE SEMI-ANNUAL REPORT	<i>Empey</i>	Inform	Pages 13-19
6. AGREEMENT FOR THE COLLECTION OF SPECIAL TAXES, FEES AND ASSESSMENTS	<i>Jensen</i>	Action	Pages 20-23
7. AFFILIATION OVERSITE COMMITTEE CHARTER	<i>Rymer</i>	Action	Page 24-27
8. BOARD BYLAWS REVISION	<i>Rymer</i>	Action	Page 28
9. SVHF ANNUAL UPDATE	<i>Pier</i>	Inform	Pages 29-39
10. CMO REPORT	<i>Kidd</i>	Inform	Pages 40-41
11. ADMINISTRATIVE REPORT FOR 2021	<i>Hennelly</i>	Inform	Pages 42-44
12. FINANCIALS FOR THE MONTH ENDED	<i>Jensen</i>	Inform	Pages 45-55
13. BOARD COMMENTS <ul style="list-style-type: none"> • Finance Committee Quarterly Update • Quality Committee Quarterly Update • Audit Committee New Members <ul style="list-style-type: none"> ➤ Art Grandy ➤ Graham Smith 	<i>Board Members</i> <i>Boerum</i> <i>Mainardi</i> <i>Boerum</i>	Inform	Pages 56-57 Pages 58-62 Pages 63-67
14. 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, JULY 1, 2021

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p>1. CALL TO ORDER</p>	<i>Rymer</i>	
<p>The meeting was called to order at 6:03 p.m.</p>		
<p>2. PUBLIC COMMENT</p>	<i>Rymer</i>	
<p>None</p>		
<p>3. BOARD CHAIR COMMENTS</p>	<i>Rymer</i>	
<p>Mr. Rymer expressed his thanks to Ms. Woodall for her years of service as Board Clerk. This will be her last Board meeting.</p>		
<p>4. CONSENT CALENDAR</p>	<i>Rymer</i>	
<p>a. Board-Finance Budget Study Session Minutes 05.25.21 b. Board Minutes 06.03.21 c. Finance Committee Minutes 05.25.21</p>		
		<p>MOTION: by Kornblatt Idell to approve, 2nd by Boerum. All in favor.</p>
<p>5. ANCILLARY SERVICES ANNUAL REPORT</p>	<i>Kuwahara</i>	
<p>Ms. Kuwahara presented the Ancillary Service report for the past year.</p>		
<p>6. APPOINTMENTS TO FINANCE COMMITTEE</p>	<i>Boerum</i>	
<p>Mr. Boerum had announced vacancies on the Finance Committee to the community and received applications from two excellent candidates. Mr. Gerlach and Ms. Donahue interviewed with hospital management and spoke briefly to the Board. The Board approved both appointments unanimously.</p>		<p>MOTION: by Boerum to approve both candidates, 2nd by Kornblatt Idell. All in favor.</p>
<p>7. RESOLUTION NO. 358 AUTHORIZING THE COMMENCEMENT OF PROCEEDINGS IN CONNECTION WITH THE PROPOSED ISSUANCE OF GO REFUNDING BONDS ...</p>	<i>Boerum</i>	
<p>Mr. Boerum introduced the topic and Mr. Brian Quint answered questions.</p>		<p>MOTION: by Boerum to approve, 2nd by Mainardi. The vote was taken by roll call with five ayes. Motion passed.</p>

8. APPROVE TIMING CHANGE TO PARCEL TAX RESOLUTION	<i>Rymer</i>	
Mr. Rymer tabled this item. The parcel tax election will be held, as previously approved by the Board, on November 2, 2021.		
9. CMO REPORT	<i>Kidd</i>	
Dr. Kidd reported there was one COVID inpatient at SVH in the month of June. While the State ended COVID mandates, healthcare settings remain under most COVID regulations. The new case management program has been a difficult rollout and management is working on solutions. Case and social work will transition to nursing in July. The OR team is now performing outpatient infusions. The slate of Medical Staff officers was presented. The Board does not need to approve them. They will be voted on by Medical Staff		
10. ADMINISTRATIVE REPORT FOR MAY 2021	<i>Hennelly</i>	
Mr. Hennelly said SVH continues to work on our relationship with UCSF. Recruitment for the SVH IT leadership position is currently in process. While SVH has decided not to join the UCSF Epic implementation, Dr. Kidd and team are researching all of the options. The Joint Operations Committee is meeting in July and is overseen by the Affiliation Oversight Committee, staffed by the Board and UCSF. Approval was received this afternoon on air handling for the CT project from one of the inspectors. Phase 2 MRI is still under review. Community meetings and philanthropy support have been moving forward.		
11. FINANCIALS FOR THE MONTH ENDED APRIL 30, 2021	<i>Jensen</i>	
Mr. Jensen discussed patient volumes and the payer mix for the month of May 2021. The cash collection goal was \$3.9 million, and the hospital collected \$3.4 million. The year-to-date goal was \$34.3 million and the hospital collected \$34.4 million, over goal by \$127,352. Days' cash on hand were 27.2 and should be at 59 days by year end, A/R days were 45.5, A/P were \$3.3 million, and A/P days were 44.9. Inpatient volumes were down 23%. Total operating revenue was \$3.8 million against a \$4.1 million budget. Operating expenses were \$4.6 million against a \$4.7 million budget. The operating margin was (\$736k) vs. budget of (\$566k). After accounting for all activity, net loss for the month of May was (\$150k) vs. budget of \$235k.		
12. BOARD COMMENTS	<i>Board</i>	
None		
13. ADJOURN	<i>Rymer</i>	
Adjourned 7:07 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES

TUESDAY, JUNE 22, 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 via Zoom Wendy Lee via Zoom		Ken Jensen, CFO, via Zoom Sarah Dungan via Zoom John Hennelly, CEO, via Zoom Dawn Kuwahara, CAO, via Zoom	Carl Gerlach via Zoom Catherine Donahue via Zoom	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 5:02 pm			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			;
	Mr. Boerum welcomed Wendy Lee to her first official meeting. He also mentioned there are two vacant seats on the Committee and two candidates for those seats: Carl Gerlach and Catherine Donahue. A documents review meeting was held this morning regarding the Bond refinancing, which is going well.			
3. CONSENT CALENDAR	<i>Boerum</i>			
a. Finance Committee Minutes 05.25.21			MOTION: by Rymer to approve, 2 nd by Flynn. All in favor.	
4. STATUS AND DISCUSSION OF EHR FUNDING	<i>Boerum</i>			
	Mr. Hennelly reported that SVH will not be joining the MarinHealth Epic installation. The decision to			

	do so was due by June 30 th , and the hospital does not have a funding plan at this point. Epic is still an option, as well as a couple of other platforms being reviewed. The plan is to go to the Board with a recommendation in December. Ms. Lee mentioned an important step is to document workflows, which would help shorten the installation time. Mr. Hennelly said that step was already nearing completion. Mr. Boerum suggested the Committee consider any potential funding options according to the timeline.		
5. IDENTIFY FINANCE COMMITTEE WORK FOR BOARD RETREAT	<i>Boerum</i>		
	Mr. Rymer said there will be a strategic planning retreat in the fall; Mr. Hennelly and his team are collecting data for that session. At the high-level August retreat, the Board will look at sources of new revenue.		
6. ADMINISTRATIVE REPORT FOR MAY 2021	<i>Hennelly</i>		
	The CT project is just coming to an end. We will be meeting with the contractor and deciding how to move forward with the MRI project, which is currently over budget. Mr. Hennelly expressed his thanks to Ms. Woodall for her support, as this is her last Finance Committee meeting.		
7. FINANCIAL REPORT FOR MONTH ENDED MAY 31, 2020	<i>Jensen</i>		
	Mr. Jensen briefly discussed gross outpatient revenue and the payer mix for the month of May. The cash collection goal for May was \$4.0 million and the hospital collected \$3.4 million. Year to date the cash goal was \$34.3 million and the hospital has collected \$34.5 million. The month of June looks good as well. IGT funds of \$5.4 million came in last week. Days' cash on hand were 27.2, A/R days were 45.5, A/P were \$3.3 million, and A/P days were 44.9.		

	<p>Inpatient revenue is still down, with outpatient revenue 2% above budget. Total operating revenue was \$3.8 million vs. budget of \$4.1 million. Operating expenses were \$4.6 million, slightly below budget, and the operating margin was (\$736,000), (\$171,000) below budget. After accounting for all activity, net loss for the month was (\$150,000) vs. budget of \$235,000. The cash forecast shows the \$5.4 million IGT funds received and end-of-year days' cash at 59.2.</p>		
8. 2021 RECEIPTS AND MATCHING IGT FUNDS	<i>Jensen</i>		
	<p>Mr. Jensen reported \$5.6 million net on IGT funds this year, which is expected to continue for the next two years. This is the last year for Prime grant. There will be another grant available, but any moneys received will depend on our meeting the metrics. The QAF IGT is also ending and will be replaced by something else.</p>		
9. ADJOURN	<i>Boerum</i>		
	Meeting adjourned at 5:40 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
May 25, 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	Cathy Webber via Zoom Andrew Solomon, MD via Zoom	Ingrid Sheets	Sabrina Kidd, MD, CMO, via Zoom Danielle Jones, RN, via Zoom Mark Kobe, CNO, via Zoom John Hennelly, CEO, via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5:01 pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	
<ul style="list-style-type: none"> • QC Minutes, 04.28.21 		MOTION: by Eisenstark to approve, 2 nd by Kornblatt Idell. All in favor.
4. QUALITY INDICATOR PERFORMANCE AND PLAN FOR APRIL 2021	<i>Jones</i>	
	Ms. Jones reviewed the quality indicator performance for the month of April 2021.	
5. QUALITY COMMITTEE MEETING SCHEDULE	<i>Kidd</i>	
	A discussion was held regarding moving the monthly Committee meeting so the Medical Staff meetings are held prior to Quality. The Chair suggested moving the meeting to the second Wednesday of the month; members present agreed that was doable. The next meeting will be the second week of July.	MOTION: by Webber, 2 nd by Snyder. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
<p>6. POLICIES AND PROEDURES DISCUSSION</p>	<p><i>Jones</i></p> <p>The Chair proposed that the policies and procedures item on the agenda be an inform/discussion item rather than action.</p> <p>Dr. Kidd had reviewed the Committee charter which calls for a “review” of the policies. Policies reviewed may be moved on to the Board for approval or passed back down to the author for further review/revision. If significant changes were made, the policy would come back to Quality Committee again. Insignificant changes would be made and go directly to the Board.</p> <p>Dr. Eisenstark suggested asking the Board their opinion. Ms. Kornblatt Idell asked for more time to consider this issue. Dr. Mainardi suggested this might be a good topic for the Board retreat.</p>	
<p>7. REVIEW OF POLICIES AND PROCEDURES</p>	<p><i>Jones</i></p> <p>The policies and procedures below were reviewed with no action taken.</p> <p><u>Changes Made:</u> Admission Criteria to the ICU Autopsy Electrosurgical Units Safety Gowning and Gloving Implantation of a Medical Device Latex Allergy Precautions On Call, Surgery Pacemaker IDC – Care of Patients Undergoing Surgery Pathology Handling Cultures and Specimens Patient Safety in the Operating Room Sales Representative in the Operating Room Staffing Ratio Criteria for 1 to 1 Staffing Ratio in the ICU</p> <p><u>No Changes:</u> Charging for Surgical Services Fasting Guidelines Prior to Surgery Loaner Instrument Trays from Outside the Facility, Care and Handling Radiological Safety</p> <p><u>Retired:</u></p>	

AGENDA ITEM	DISCUSSION	ACTION
	Arterial Line Setup Fluid Warmer Use Implant Reimbursements, Protocol for Surgical Observers-visitors-vendors in OR	
	Mr. Hennelly announced the restructure of hospital Quality, which needs an ultimate person to accept responsibility and normally that person is the CMO. Therefore, Dr. Kidd will be overseeing hospital Quality as of June 1, 2021.	
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 Kornblatt Idell. All in favor.
10. ADJOURN	<i>Mainardi</i>	
	5:46 pm	



**SVHCD GOVERNANCE
COMMITTEE MEETING
MINUTES**

**WEDNESDAY, MAY 19, 2019
Via Zoom Teleconference**

Present	Absent	Staff	Public	
Bill Boerum via Zoom Judith Bjorndal via Zoom			Susan Kornblatt Idell via Telephone	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 6:00 pm			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR				
Governance Committee Minutes 03.17.21			MOTION: by Bjorndal to approve, 2 nd by Boerum. All in favor.	
4. POLICY CYCLE REVIEW	<i>Boerum</i>			
	The Clerk presented the list of policies and made note of the changes discussed. The Committee reviewed the various policies and set review dates. The list will be reissued after changes are made.			
5. GOVERNANCE COMMITTEE CHARTER:				
a. Review composition and skill sets of other standing committees and their members				
b. Design new member orientation process for the Board				
c. Plan and oversee continuing education for the Board				

<p>d. Draft new policies and review policies according to schedule</p> <p>e. Review Code of Conduct and Compliance Plan</p>			
	<p>Review of the charter is to ensure the Committee is doing what it is supposed to be doing.</p> <p>Mr. Boerum noted that the Committee may have a community member and he indicated he would review that item. The action will be to add a community member.</p> <p>He suggested Dr. Bjorndal review the responsibilities and suggest items to make up a work plan. The action will be developing a work plan.</p> <p>The Clerk will add the charter as an agenda item for the next meeting, with only items a. and e. for inform and discussion.</p>		
<p>6. BOARD ORIENTATION DOCUMENT</p>	<p><i>Boerum</i></p>		
	<p>The Clerk presented the updated orientation document. The Clerk will add this to the next meeting agenda for action.</p>		
<p>7. MEDICAL STAFF BYLAWS REVISION</p>	<p><i>Finn</i></p>		
	<p>Ms. Finn gave the background and reasons for the Bylaws changes involving the staff categories. It is hoped that the changes would encourage physicians who use SVH for their primary hospital to be more participative. All physicians apply for specific categories and for specific privilege sets. All are vetted by a third party credentialing service and go through approval by the appropriate medical staff committees. The text presented included only the revised text. Dr. Bjorndal asked to see the full text of all staff categories in the Bylaws and indicated the Board would want to see that also.</p>	<p>MOTION: by Boerum to approve, 2nd by Bjorndal. All in favor.</p>	
<p>8. ADJOURN</p>	<p><i>Boerum</i></p>		
	<p>The next meeting will be June 16, 2021. The meeting was adjourned at 7:22 pm.</p>		



VALLEY OF THE MOON
— **POST ACUTE** —

SONOMA VALLEY HOSPITAL SKILLED NURSING FACILITY



Skilled Nursing Facility Quality Dashboard Q4 2020

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
1	Highly Satisfied Patients 90% or > highly satisfied	Measured by resident exit survey question "Would you return or refer a friend to Valley of the Moon?"	Total Q2 Discharges Result= 100%	5 is 90 and above 4 is 85 to 89 3 is 81 to 88 2 is 75 to 80 1 is 74 and below
2	Falls reduction	Falls/patient days	CA Average 1.7 Natl Average 3.3 Result= 6 falls/1960 days 3.0	5 is 1.7 or less 4 is 1.8-2.5 3 is 2.6-3.3 2 is 3.4-3.9 1 is >3.9
3	Restraint Free Environment	Restraint utilization	CA Average 0.5% Natl Average 0.3% Result= 0%	5 is 0.5% or less 4 is 0.4-0.3% 3 is 0.31-0.35 4 is 0.36-0.40 5 is >0.41
4	Pressure Ulcer prevention	CMS report	CA Average 1.27% Natl Average 2.71% Result= 6.06% Short term (2 pt) CA Average 7.78% Natl Average 8.52% Result= 0% Long term	5 is 1.0 or less 4 is 1.1-1.5% 3 is 1.6-1.8% 2 is 1.9-2.1% 1 is >2.1%
5	Antipsychotic Medication	CMS report	CA Average 1.16% Natl Average 1.53% Result= 0% Short term CA Average 12.80% Natl. Average 8.74% Result= 7.69% Long term	5 is 1.4% or less 4 is 1.5-1.7% 3 is 1.8-2.0% 2 is 2.1-2.5% 1 is ≥2.6%

Skilled Nursing Facility Quality Dashboard Q4 2020

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
6	% Patients successfully returned home	CMS report	CA Average 48.5% Natl Average 48.6% Result= 86.98% (higher % indicates successful discharge)	5 is >48.6% 4 is 48.5-48.3% 3 is 48.2-47.9% 2 is 47.8-46.5% 1 is ≥ 46.6%
7	Re-hospitalized within 30 days after SNF admission	CMS report	CA Average 22.8% Natl Average 22.9% Result= 9.34%	5 is <22.8% 4 is 22.9-23.5% 3 is 23.6-24.0% 2 is 24.1-24.6% 1 is >24.6
8	Residents who self-report moderate to severe pain	CMS report	CA Average 1.20% Natl Average 8.18% Result= 0% Short term CA Average 0.79% Natl Average 4.94% Result= 0% long term	5 is 6.2% or < 4 is 6.3-9.0% 3 is 9.1-14.0% 2 is 14.1-18% 1 is ≥ 18%
9	Discharged residents with Emergency Room visit within 30 days	CMS report	CA Average 10.1% Natl Average 10.7% Result= 13.99%	5 is ≤ 10.1% 4 is 10.2-10.5% 3 is 10.6-10.8% 2 is 10.9-11.1% 1 is > 11.2%
10	Catheter Associated Urinary Tract Infection	CMS Report	Natl Average <1.04 Result= 1 resident .05 %	5 is <0.95 4 is <1.00 3 is <1.04 2 is <1.06 1 is <1.08
11	Central Line Bloodstream Infection	CMS Report	Natl Average <0.51 Result= 0%	5 is <0.44 4 is 0.45-0.50 3 is 0.51-0.55 2 is 0.56-0.60 1 is <0.60
12	C-Difficile Infection	CMS Report	Natl Average 7.4/10k pt days Result= 0%	5 is <6.9 4 is 6.8-7.0 3 is 7.1-7.4 2 is 7.5-7.9 1 is >7.9

AVERAGE DAILY CENSUS

Period Ending	Jan/21	Feb/21	Mar/21	Apr/21	May/21	Jun/21	Jul/21	AVG	YTD
Sonoma Valley Hospital									
	27	27	27	27	27	27	27	27	27
Managed Care	0.58	1.71	1.10	0.20	1.35	1.17	2.10	1.17	1.17
Medicaid	10.55	17.21	15.52	14.73	14.68	14.80	14.00	14.46	14.46
Medicare A	9.16	4.29	5.35	8.37	4.35	5.93	6.26	6.26	6.26
Other	1.00	1.36	1.48	1.00	1.00	1.20	1.29	1.19	1.19
Private	0.77	0.82	1.26	1.27	1.23	1.07	2.32	1.25	1.25
TOTAL	22.06	25.39	24.71	25.57	22.61	24.17	25.97	24.33	24.33
Occupancy %	81.72%	94.05%	91.52%	94.69%	83.75%	89.51%	96.18%	90.13%	90.13%
adm_Admissions	6	10	14	7	7	14	5	9.00	63
disch_Discharges/Deaths	3	9	13	9	8	9	6	8.14	57
Leaves/rm_Room Reserves	0	3	1	1	3	1	2	1.57	11
Return from Leaves	0	1	1	1	2	1	2	1.14	8

ADMISSIONS YTD	FROM SONOMA VALLEY HOSPITAL	FROM OTHER LOCATION
63	48	15

UPDATE ITEMS	STATUS	NEXT STEPS	TIMELINE	NOTES
1. COVID-19	<ol style="list-style-type: none"> 1. VISITATION IS OPEN WITH RESTRICTIONS. 2. VACCINATION OF RESIDENTS IS 96% 3. VACCINATION OF STAFF IS 77% 4. ZERO CASES OF COVID IN 2021 WITH RESIDENTS OR STAFF 	CONTINUE TO OFFER VACCINE TO RESIDENTS AND STAFF WHO HAVE DECLINED	CONTINUE FOR DURATION OF COVID-19 EMERGENCY	
2. SUBACUTE	EXTENSIVE REVIEW HAS BEEN DONE OF REGULATIONS AND EXPENSES.	OPENING VALLEY OF THE MOON AS A SUBACUTE IS NOT FINANCIALLY BENEFICIAL AT THIS CURRENT TIME.	REVIEW AGAIN IN 2022	PROBLEMS: <ol style="list-style-type: none"> 1. STAFFING REGULATIONS 2. SPACE LIMITATION

	FINAL	FINAL	FINAL	FINAL	FINAL	FINAL	FINAL	FINAL
Total Patient Days	684.00	709.00	766.00	767.00	701.00	725.00	4,352.00	4,352.00
STATISTICS PER PATIENT DAY	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Total	YTD
Private Revenue PPD	600.00	600.00	600.00	629.56	635.00	635.00	619.48	619.48
Managed Care LOC Revenue PPD	1,457.00	1,038.00					1,166.42	1,166.42
Managed Care PDPM Revenue PPD	1,196.81	1,242.16	958.47	1,181.61	888.07	1,172.62	994.08	994.08
Medicare Revenue PPD	999.56	1,008.59	1,054.52	1,049.45	1,032.44	1,008.80	1,025.39	1,025.39
Medicaid Custodial Revenue PPD	614.68	619.71	619.51	618.80	620.74	622.75	619.49	619.49
Hospice Revenue PPD	626.52	626.52	626.52	626.52	626.52	626.52	626.52	626.52
TOTAL ROUTINE NET REVENUE	756.09	720.54	731.50	759.93	713.69	744.81	737.94	737.94
TOTAL ANCILLARY NET REVENUE	19.41	23.15	19.29	15.98	16.85	26.60	20.18	20.18
Total Nursing Services	276.68	236.67	265.16	249.81	277.21	247.81	258.67	258.67
Total Anc and Nursing Medical Supplies	2,370.49	2,956.36	3,970.33	2,559.63	5,680.33	3,867.52	21,404.66	21,404.66
Total Anc and Nrsng Supplies PPD	3.47	4.17	5.18	3.34	8.10	5.33	4.92	4.92
Total Plant Operations	23.41	22.79	20.62	20.86	22.53	21.86	21.97	21.97
Total Housekeeping	12.34	11.86	10.98	10.97	12.00	11.60	11.60	11.60
Total Laundry	4.57	4.54	4.92	4.98	4.78	4.10	4.65	4.65
Total Dietary	36.33	33.33	34.91	36.65	36.38	36.20	35.63	35.63
Total Social Services	12.42	10.10	8.50	7.80	10.12	9.73	9.72	9.72
Total Activities	4.29	6.67	5.14	5.02	4.36	1.58	4.52	4.52
Total Education	12.90	12.18	12.54	12.82	10.60	13.02	12.36	12.36
Total Medical Records	5.49	4.80	4.11	4.05	4.13	5.26	4.62	4.62
Total Administration	91.86	91.75	90.50	98.39	86.98	103.19	93.85	93.85
TOTAL OPERATING EXPENSES	565.12	513.93	541.93	516.49	546.85	522.63	534.11	534.11
EBITDAR	177.85	196.85	175.69	224.86	150.63	212.44	190.23	190.23

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	YTD
Total Net Revenue	534,942.18	530,463.33	578,631.49	598,537.39	514,667.97	560,979.33	3,318,221.69
Net Income	120,464.39	137,636.09	132,647.68	170,534.33	103,947.57	154,075.15	819,305.21
Net Income % of Revenue	22.52%	25.95%	22.92%	28.49%	20.20%	27.47%	24.69%

AGREEMENT FOR COLLECTION OF SPECIAL
TAXES, FEES, AND ASSESSMENTS

THIS AGREEMENT is made and entered into this ____ day of _____, 20____, by and between the COUNTY OF SONOMA, a political subdivision of the State of California, hereinafter referred to as "County" and the SONOMA VALLEY HEALTH CARE DISTRICT, a municipal corporation of the State of California, hereinafter referred to as "District".

WITNESSETH:

WHEREAS, state law authorizes the County to recoup its collection costs when the County collects taxes, fees, or assessments for any School District, Special District, zone or improvement District thereof; and

WHEREAS, when requested by District, it is in the public interest and efficient that the County collect for District the special taxes, fees, and assessments imposed on parcels subject to real property tax;

NOW, THEREFORE, IT IS AGREED by and between the parties hereto as follows:

1. County agrees, when requested by District as hereinafter provided, or as required by law, to collect on the County tax rolls the special taxes, fees, and assessments (hereinafter collectively referred to as "Charges") of District, and of each zone or improvement district thereof, except as follows: (1) Tax bills will not be generated for Charges imposed on parcels exempt from real property taxation because of low value when the total amount of the tax bill is \$10 or less. Charges on all parcels exempt from real property taxation because of low value that are unpaid at the end of the fiscal year will be removed from the tax roll and referred to the District for further collection efforts. (2) Tax bills will not be generated for Charges imposed on parcels that are immune or otherwise exempt from real property taxation when the total amount of the tax bill is \$10 or less. Charges on all parcels that are immune or otherwise exempt from real property taxation that are unpaid at the end of the fiscal year will be removed from the tax roll and referred to the District for further collection efforts.

2. When County is to collect District's Charges, District agrees to notify the Auditor-Controller of the County on or before the 10th day of August of each fiscal year of the Assessor's parcel numbers and the amount of each Charge to County. To be effective, the notice must be received by the Auditor-Controller by said date.

3. County may charge a cost recovery fee for each Charge that is to be collected on the County tax roll in an amount sufficient to recover the costs incurred by the County to collect the Charge on behalf of District. This cost recovery fee will not exceed 0.0085 of the annual levy.

4. District warrants that the Charges imposed by District and collected pursuant to this Agreement comply with all requirements of state law, including but not limited to Articles XIII C and XIII D of the California Constitution (Proposition 218).

5. District agrees to re-certify each year that the Charges imposed by the District and collected pursuant to this Agreement comply with all requirements of state law, including but not limited to Articles XIII C and XIII D of the California Constitution (Proposition 218). District further agrees to provide any other documentation, such as a certified copy of the District Board's Resolution or Ordinance authorizing the Charges to be collected on the secured tax bill or a certified ballot measure, supporting the authority to levy the Charges as requested by County and that, without this documentation, it is the Auditor-Controller's discretion whether to place the Charges on the tax roll.

6. Indemnification. Without limiting the County's obligations under California law to collect the Charges, the District agrees to defend and indemnify the County, its agents, officers and employees (the "County Parties") from any demands, liability, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs (collectively, Claims) arising from performance of this Agreement. District shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. District further releases and forever discharges the County and its officers, agents and employees from any and all claims, demands, liabilities, costs and expenses, damages, causes of action, and judgments, in any manner arising out of District's responsibilities under this Agreement or other action taken by District in establishing the Charges and implementing collection of the Charges as contemplated in this Agreement. Without limiting the generality of the foregoing, District shall hold harmless, defend, and indemnify County and its elected and appointed officers, officials, employees, and agents, from and against any claim or suit to determine the legality of the Charges or arising from or related to the accuracy of the information provided by District, or any procedures employed by the County or its officers or employees in the collection of the Charges. If any judgment is entered against any of the County Parties as a result of action taken to

implement this Agreement, District agrees that County may offset the amount of any judgment paid by County or by County Parties from any monies collected by County on District's behalf, including property taxes, special taxes, fees, or assessments. County may, but is not required to, notify District of its intent to implement any offset authorized by this paragraph.

7. To promote and maintain efficient property tax administration, District agrees:

a. That its officers, agents and employees will cooperate with County by timely answering inquiries made to District by any person concerning District's Charges, and that its officers, agents and employees will not refer such individuals making inquiries to County officers or employees for response.

b. To follow all administrative procedures as established by the County, including submitting all documents and data in the required formats to County by established deadlines, and providing all requests for removal or correction of charges in writing.

c. District is responsible for the validity and accuracy of the amount of the Charges as well as the assessor parcel number to which it is being charged regardless if such data is submitted by the District itself or by a third-party consultant/contractor on its behalf.

d. That administrative citations and fines and other charges of this nature will not be placed on the secured roll.

e. That District gives the Auditor-Controller the authority to process and handle at his or her discretion special situations and unusual circumstances not addressed elsewhere in this Agreement. Such actions may include the removal of Charges from the tax bill and relieving County from any further responsibility for collection making District solely responsible for its collection. Should this situation occur the Auditor-Controller will promptly notify District.

8. District shall not assign or transfer this agreement or any interest herein and any such assignment or transfer or attempted assignment or transfer of this agreement or any interest herein by District shall be void and shall immediately and automatically terminate this agreement.

9. This agreement shall be effective for the 2021-2022 fiscal year and shall be automatically renewed for each fiscal year thereafter unless terminated as hereinafter

provided.

10. Either party may terminate this agreement for any reason for any ensuing fiscal year by giving written notice thereof to the other party prior to May 1st of the preceding fiscal year.

11. County's waiver of breach of any one term, covenant, or other provision of this agreement, is not a waiver of breach of any other term, nor subsequent breach of the term or provision waived.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the day and year first above written.

District: _____

By: _____

SONOMA COUNTY AUDITOR-CONTROLLER



To: SVHCD Board of Directors
From: Bill Boerum, Board Member & Chair of the Governance Committee
Meeting Date: August 5, 2021
Subject: Charter of the Affiliation Oversight Committee

Background:

The Collaboration Agreement between the District and UCSF Health approved by the Board on November 5, 2020, provided for an Affiliation Oversight Committee to be responsible in effect for the direction, activities, and review of the collaboration, and to be a Standing Committee advising the Board of Directors. To undertake this mission, it is necessary that the Committee have a Charter, as do all the other Standing Committees.

As a result of work by the designated District members (Rymer and Bjorndal) and input from UCSF Health as well as discussions within the Governance Committee, a draft charter has been prepared for consideration by the Board.

Recommendation:

On behalf of the Governance Committee please approve the attached draft charter which is both comprehensive and detailed



SUBJECT: Affiliation Oversight Committee Charter

PAGE 1 of 5

EFFECTIVE: TBD

APPROVED BY: Board of Directors (TBD)

REVISED: N/A

Purpose:

This charter (the “Charter”) sets forth the duties and responsibilities and governs the operations of the Affiliation Oversight Committee (the “AOC”) of the Board of Directors (the “Board”) of Sonoma Valley Healthcare District (the “District”), a local Health Care District organized and existing under the California Law.

The AOC’s purpose is to assist the Board in its oversight of the District’s collaboration with UCSF Health (UCSF), including the review of progress made towards the goals of the Collaboration Agreement (the Agreement) entered into by the District and UCSF in December of 2020. The AOC will coordinate with and review the progress of the Joint Operations Committee (the JOC) in the process of updating and making recommendations to the District Board on all decisions relating to the affiliation between the two organizations.

The AOC shall review and monitor the ongoing performance of the UCSF and SVHCD affiliation. The AOC shall constitute a committee of the District Board of Directors. The Board shall refer all matters brought to it by any party regarding this agreement to the AOC for review, assessment, and recommended Board action. The AOC makes recommendations and reports to the Board. The AOC is an advisory committee and has no authority to make decisions or take actions on behalf of the District unless the Board specifically delegates such authority.

To this end the AOC shall:

1. Regularly review the strategic objectives for the Collaboration Agreement, seek approval from the Board for any changes to these objectives and timelines;
2. Provide oversight, monitoring and assessment of the Collaboration Agreement and report to the Board regularly on that progress;
3. Convey Board expectations and directives back to the affiliation partners; and,
4. Review and make recommendations to the Board for any changes to the Collaboration Agreement.

Duties and Responsibilities

The Committee’s primary duties and responsibilities are, as follows:

1. Annually, draft and recommend to the Board for approval, objectives for the affiliation for coming year; a proposed draft of annual goals shall be submitted to the Affiliation Oversight Committee by the Joint Operations Committee;
2. Review the progress made by the Joint Operations Committee against the objectives of the Collaboration Agreement and annual objectives; including any significant changes to timelines and/or objectives themselves



SUBJECT: Affiliation Oversight Committee Charter

PAGE 2 of 5

EFFECTIVE: TBD

APPROVED BY: Board of Directors (TBD)

REVISED: N/A

Develop Policies

The AOC shall submit recommendations for action to the Board on any draft policies developed by the AOC, the Joint Operations Committee and those developed by the Hospital regarding the Collaboration Agreement and/or the affiliation.

Annual JOC Work Plan

Each year, the AOC shall review and approve a proposed Work Plan comprised of any required annual activities and additional activities selected by the **JOC**. The Annual **JOC** Work Plan shall be reviewed and approved by the Board in December of each year.

Required Annual Calendar Activities:

1. Draft recommendations for the affiliation partners for the year
2. The **JOC** Work Plan shall be approved by the AOC and submitted to the Board for its review and approval no later than each December.
3. The **AOC** shall deliver a report to the Board on the status of its prior year's Work Plan accomplishments each February.

AOC Membership and Staff

The **AOC** shall have four voting members, as follows:

- Two representatives from SVHCD
 - The SVHCD Board Chair
 - Additional SVHCD Board Member
- Two representatives from UCSF
 - UCSF Health President, Affiliates Network
 - Additional designee

SVH CEO will staff the AOC meetings and provide all materials for review by the AOC.

Frequency of AOC Meetings

The **AOC** shall meet no less than twice annually.



SUBJECT: Affiliation Oversight Committee Charter

PAGE 3 of 5

EFFECTIVE: TBD

APPROVED BY: Board of Directors (TBD)

REVISED: N/A

Public Participation

All **AOC** meetings shall be noticed, announced and conducted as a standing committee of the Board in conformity with the Brown Act, and all meeting agendas shall be posted in advance as required by the Brown Act.

The general public, patients and their families and friends, Medical Staff, and Hospital staff are welcome to attend and provide input. Other Board members may attend but only as “observers” as defined in the Brown Act.

Narrowly focused and short-term ad hoc subcommittees may meet to address specific issues that will be brought to the **AOC** for review and recommendation to the Board for its deliberation and action. Such subcommittee meetings will not be public meetings except as required by the Brown Act.

FREQUENCY OF REVIEW/REVISION

The AOC shall review this charter at least every three (3) years, or more often if required. If revisions are needed, they will be taken to the Board for action.



To: SVHCD Board of Directors
From: Bill Boerum, Member & Chair of the Governance Committee
Meeting Date: August 5, 2021
Subject: Board Bylaws Revision – Article III, Section 4. A (3) Committees

Background:

The Collaboration Agreement between the District and UCSF Health approved by the Board on November 5, 2020, provided for an Affiliation Oversight Committee to be composed of four members: two to be designated by the District and two by USCF. In the latter case, such members likely would not be residents of the District nor practitioners or business owners having their primary activity within the District, as required by the By Laws for membership on a Board Standing Committee. To accommodate the letter and spirit of the Agreement it is necessary to make an exemption in the By Laws, specifically to Article III, Section 4 a. (3) - Committees.

Recommendation:

On behalf of the Governance Committee please approve the addition of the underlined text to subparagraph (3):

(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. Members of the Affiliation Oversight Committee representing UCSF Health are exempt from the District residency or activity requirement.



SONOMA VALLEY HOSPITAL
FOUNDATION

Inspiring Support for Sonoma Valley Hospital



SVHF 2021 Objectives

- **Finish The Fundraising Appeal for ICU Modernization and Germ Zapper**
- **Keep and Build Relationships With Existing Donors**
- **Develop Our Next Fundraising Strategy with John**
- **Strengthen The Board With Additional Community Members**



New Xenex Germ Zapping Robot



How The Foundation Helps SVH

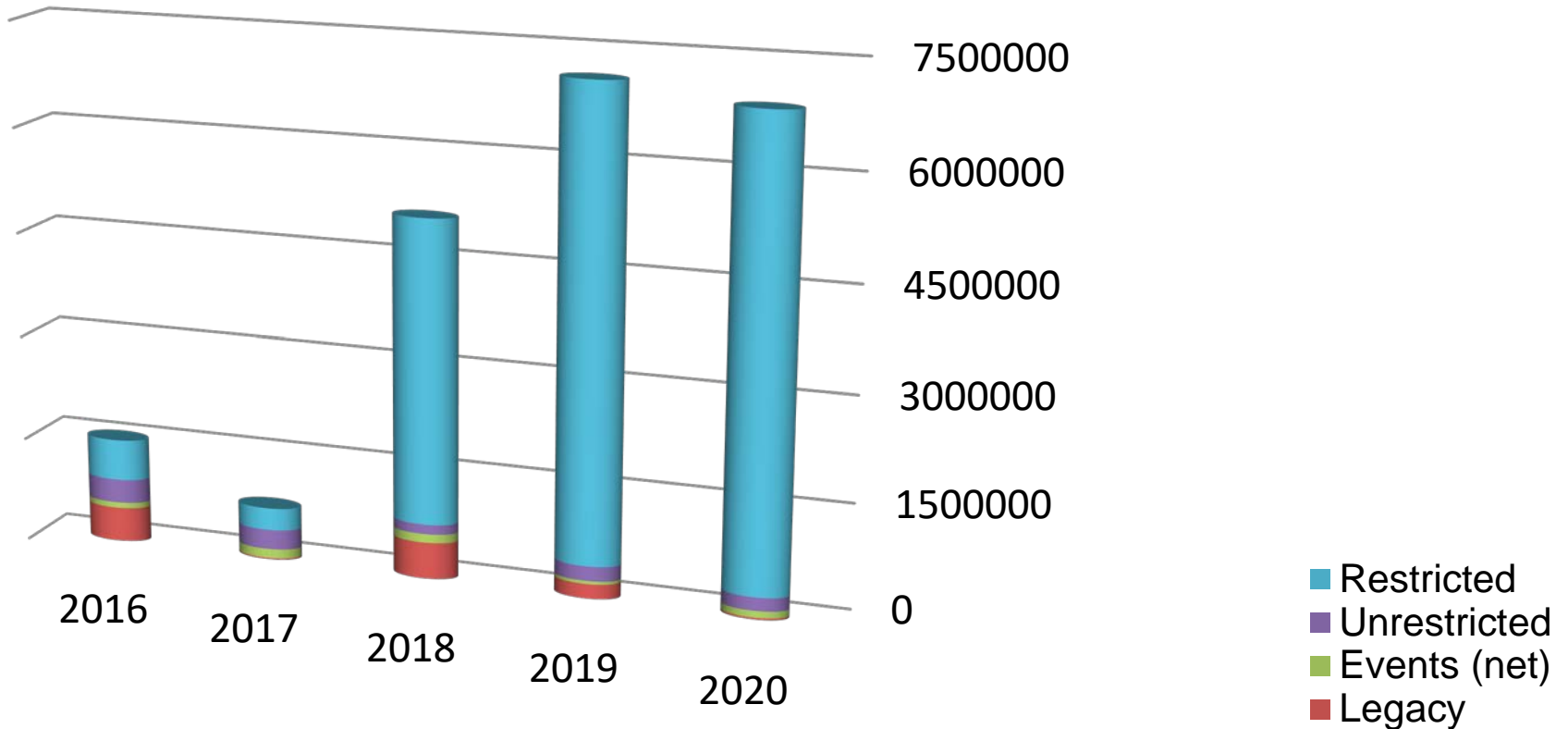
- Collected \$5.82 million in Capital Campaign pledges
- \$5.97 million distributed for Outpatient Diagnostic Center construction
- \$21k funding for continued Education for Nurses, Physical Therapists, and other SVH Employees, and small equipment
- \$88k for Xenex Germ Zapper
- \$90k for DEXA Bone Scan Machine—from WHS proceeds
- \$33k for SVH community survey
- \$18k funded the Elemeno communication platform needed during COVID-19
- \$10k provided for Project Pink; free Mammograms for uninsured Sonoma women



New Dexa Bone Scanner



SVHF Revenue



Strategic Priorities 2020-2022

1. RAISE FUNDS REQUIRED TO MEET THE CAPITAL AND SERVICE NEEDS OF SONOMA VALLEY HOSPITAL
2. DEVELOP AND IMPLEMENT MARKETING STRATEGY AND BRAND THAT CREATES CONTINUOUS DIALOGUE WITH TARGETED COMMUNITIES IN SONOMA VALLEY
3. PROVIDE PRUDENT FINANCIAL MANAGEMENT OF ALL FOUNDATION RESOURCES
4. DEVELOP AND GROW THE BOARD OF DIRECTORS TO MEET THE NEEDS OF THE FOUNDATION
5. EMPLOY BEST PRACTICES FOR A 501c (3) HEALTH CARE FOUNDATION



SVHF Production Benchmark

SVHF Fundraising Ratios (Cash Basis Revenue)				
	Operating Expenses	Cash Donations Received	ROI Cash	Cost To Raise a Dollar
*2021	\$ 364,600	\$ 2,130,500	\$ 5.84	\$ 0.17
2020	\$ 294,725	\$ 6,887,161	\$ 23.37	\$ 0.04
2019	\$ 333,029	\$ 7,122,692	\$ 21.39	\$ 0.05
2018	\$ 339,741	\$ 5,164,647	\$ 15.20	\$ 0.07
2017	\$ 300,334	\$ 1,927,254	\$ 6.42	\$ 0.16
2016	\$ 253,778	\$ 1,792,703	\$ 7.06	\$ 0.14
2015	\$ 190,531	\$ 2,342,299	\$ 12.29	\$ 0.08

*projected

NATIONAL MEDIAN COMPARISON FOR KEY FUNDRAISING METRICS		
Organization Fundraising Expenses	ROI	CTRD
Up to \$250,000	\$ 3.23	\$ 0.31
\$250,001-\$750,000	\$ 2.79	\$ 0.36
\$750,001-\$2,000,000	\$ 3.56	\$ 0.28
More than \$2 million	\$ 4.48	\$ 0.22
All	\$ 4.03	\$ 0.25

Source: Association of Healthcare Philanthropy 2018 Report on Giving Survey



Thank You

{ For Making A State-Of-The-Art
Diagnostic Center A Reality! }



WE BELIEVE At Sonoma Valley Hospital, we believe no one should have to choose between excellent care and the comfort of their own community. Every day, Sonoma Valley residents come to us on their healthcare journey, whether urgent or planned, and receive outstanding care close to home.

WE ARE GRATEFUL Thanks to the generosity of our community, \$21 million was raised to cover the cost of building a modern Outpatient Diagnostic Center in our hospital.

We are celebrating completion of Phase One of the Center, a new 128-slice CT scanner that is now operational. Phase Two, which includes a new 3 Tesla MRI suite, will be ready to accept patients by the end of 2022.



Phase One CT Scanner

Sonoma Valley Hospital Foundation
347 Andrieux Street • Sonoma, CA 95476
Phone: 707.935.5070 • svhfoundation.com



SVHF Teamwork

- **Board and Volunteers**
- **Team**
- **Relationship with SVH**



Questions?



SONOMA VALLEY HOSPITAL
FOUNDATION

Inspiring Support for Sonoma Valley Hospital

contact@svhfoundation.com • svhfoundation.com
707.935.5070 • 347 Andrieux Street, Sonoma, CA 95476 • 



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: August 5, 2021
Subject: CMO Report

July Highlights Included:

1. COVID-19:
 - a. As of late July, there had been 2 patients admitted with COVID-19 at SVH during the previous 30 days. Occasional COVID-19 related ED visits continue. We remain prepared for a surge should it occur.
 - b. Due to the local surge in cases related to the Delta variant we have reinstated testing for all inpatients as well as pre-op patients. In addition, we are preparing to fully comply with the new State Health Order which will increase the testing frequency for unvaccinated employees from weekly to at least twice per week.
2. Med-Surg / ICU / Surgery / ED Updates:
 - a. Virtual Case Management: We continue to work through on-going gaps in service with Banyan. The inpatient team continues to handle this with grace.
 - b. Case Management and Social Work are now under the Nursing Umbrella reporting to our CNO, Mark Kobe.
 - c. We have hired a new social worker who will begin January 2022 and continue to look for a temporary solution as well.
 - d. Our department leaders (Directors of Inpatient Services and of Surgical Services) are taking on a larger role in managing Human / Patient Experience for their departments.
 - e. Surgical Services have on boarded a new Lead for Sterile Processing as part of the Sterile Processing Improvement Plan.
3. Medical Staff:
 - a. July meetings included Medicine & Surgery Committees, PI/PT, MEC.
 - b. Newly elected officers:
 - i. Chief of Staff: Dr. Andrew Solomon
 - ii. Vice-Chief of Staff: Dr. Ako Walther
 - iii. Chair of Medicine: Dr. Jasper Schmidt
 - iv. Vice-Chair of Medicine: Dr. Dennis Verducci
 - v. Chair of Surgery: Dr. Alexis Alexandridis
 - vi. Vice-Chair of Surgery: Dr. Paul Amara

4. Quality:
 - a. Reportable Events: None
5. Disaster Preparations:
 - a. Internal disaster drill (evacuation) scheduled for August.



To: SVHCD Board of Directors
From: Administrative Team
Date: 08.05.21
Subject: Administrative Report

Summary: June saw strong volumes throughout the hospital. Surgery was particularly busy. Covid continues to demand the hospital’s focus. Community positivity rates are on the rise. The hospital has expanded testing of patients. Vaccination rates of employees and medical staff is over 93% (463/495), well above regional and national averages. The Outpatient Diagnostic Center project CT phase is near completion. Occupancy is expected in the coming weeks.

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 on going. Many high-quality applicants. Expect the process to be completed by the end of August. ➤ Our Joint Operating Committee (JOC) met in July. The group reviewed <ul style="list-style-type: none"> ○ opportunities to create collaborative programs ○ status of SVH EMR ○ completion of expansion of management services agreement to include IT leader ➤ Establishment of pipeline for UCSF to assist in physician recruitment
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ Phase 1 of the ODC continues to progress. The final component of gaining occupancy to the CT phase of the project is sign off on the air handling system. While the system is operational, the balancing has proven challenging and OSHPD is requiring some modifications that may shift approval into mid-August. ➤ Phase 2 of the project is under review. ➤ Engagement continues with community groups and community members.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ We have reinstated covid testing of all admissions and surgical cases. ➤ As you will note on the next page, the patient experience scores remain well above national averages. While there are always opportunities for improvement, the staff continues to perform well.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ The team continues to work on recruitment efforts to bring MDs to Sonoma. Focus currently on primary care and surgery.
Be a Healthy Hospital	<ul style="list-style-type: none"> ➤ Masking continues to be required by all individuals at the hospital. We have implemented a new screening system at the hospital entrance that provides a day pass upon completion of screening protocol. ➤ 91% of our employees and 99% of our medical staff have chosen to be vaccinated. We continue to encourage everyone to get vaccinated. A team is reviewing whether to require vaccination as a condition of employment. ➤ Financially you’ll note that volumes in June were some of the strongest in months. Key statistic, surgeries and special procedures were both highest in the fiscal year.

MAY 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	4.8	4.5	3.8
Emergency Department	4.7	4.5	3.8
Quality & Safety	YTD Performance	FY 2021 Goal	Benchmark
Central Line Infection	0	<1	<.51
Catheter Infection	0	<1	<1.04
Surgery Site Infection – Colon	0	<1	N/A
Surgery Site Infection – Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Difficile	1	3.5	2.7/10,000 pt days
Patient Safety Indicator	0	<1	<1
Heart Failure Mortality Rate	3.8%	11.3%	11.3%
Pneumonia Mortality Rate	4.7%	15.6%	15.6%
Stroke Mortality Rate	0.0%	13.8%	13.8%
Sepsis Mortality Rate	7.3%	25%	25%
30 Day All- Cause Readmissions	5.6%	< 15.3 %	< 15%
Serious Safety Events	0	0	0
Falls	0.53	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	13	< 10	17
Adverse Drug Events with Harm	1	0	0
Reportable HIPAA Privacy Events	0	0	0
Case Mix Index	1.48	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	15.3%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2021 Goal	Benchmark
EBDA	0.6	>3%	3%
Paid FTE's	229	<235	235
Days Cash on Hand	66	>30	30
Days in Accounts Receivable	48.8	<45	50
Length of Stay	4	<4.0	4.03
Funds raised by SVHF	\$21.1 million	\$21 million	\$1 million
Strategic Growth Finance	YTD/Projected	FY 2021 Goal	FY 2020
Inpatient Discharges	716	850	862
Outpatient Visits	48,705	153,082	47,802
Emergency Visits	8,689	10,000	9784
Surgeries + Special Procedures	587	2000	2226
Community Benefit Hours	1204	800	1332

Note: Colors demonstrate comparison to National Benchmark



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 2021	May 2021	Jun 2021
FY YTD Turnover	<15%	2.1	3.4	3.5	3.9	7	7	8.3	10.5	12.2	13.5	8.2	16.1
Leave of Absences	<12	6	8	10	13	13	13	15	17	17	16	10	9
EBDA	>3%	-8	-7	-18	-4.4	-27		-26	-12.1	0.9	32.1	-4.6	0.6
Operating Revenue	>3.5m	3.58	3.52	3.19	3.7	3.0	5.1	3.2	3.4	4.1	9.1	3.8	4.4
Net Income	>50k	418	658	-576	-235	1.4	823	-529	-666	339	3.1	-150	358
Days Cash on Hand	>30	73	68.6	63	60	35.4	32.9	30.6	31.9	36.3	32.4	27.2	44.6
Receivable Days	<50	40	39	39	53.2	69.6	66.1	53.7	49.9	46.9	43.0	45.5	39.3
Accounts Payable Days	>50	35	31.6	40	58.3	53.3	45.4	47.4	47.6	47.2	45.0	44.9	48.4
Accounts Payable	<\$3m	2.3	2.1	2.85	4.0	3.8	2.9	3.4	3.5	3.4	3.3	3.3	3.5
Total Paid FTE's	<235	230	229	226	204	230	227	225	234	231	226	233	229
Inpatient Discharges	>80	75	65	60	64	57	65	63	54	69	75	69	71
Patient Days	>300	324	314	214	230	230	294	230	243	309	202	247	243
Observation Days	<20	20	21	32	18	11	21	15	15	16	12	24	28
Average Daily Census	>10	10.5	10.1	7.1	3.6	10.6	9.5	7.4	8.7	10	9.4	8	8.1
Outpatient Revenue	>\$15m	16.1	14.9	14.6	9.4	12.6	8.6	8.6	9.1	10.4	10.9	10.4	11.7
Surgeries	>120	115	114	115	121	111	123	102	99	133	123	124	138
Special Procedures	>50	37	34	57	47	50	50	27	45	55	58	56	71
Emergency Visits	>800	735	723	653	696	674	674	673	616	769	766	863	847
MRI	>120	93	84	N/A	114	145	159	100	116	144	135	144	138
Cardiology (Echos)	>65	63	71	N/A	88	46	85	56	55	84	74	80	96
Laboratory	>11	12.6	12.1	N/A	4	9.9	15.9	10.9	10.9	12.7	12.1	11.5	12.5
Radiology	>900	883	806	N/A	241	778	1090	766	776	891	914		876
Rehab	>2000	2206	1664	N/A	971	2207	3463	2062	2155	2555	2933	2148	2325
CT	>350	382	426	N/A	117	356	525	340	432	467	442	465	415
Mammography	>200	213	179	N/A	75	129	158	192	175	188	205	198	301
Ultrasound	>250	228	253	N/A	76	189	248	188	245	319	263	266	301
Occupational Health	>550	580	426	N/A	534	331	458	365	500	491	509	426	576
Wound Care	>275	191	154	N/A	90	148	227	227	237	176	188	187	205



Healing Here at Home

To: SVH Finance Committee
From: Ken Jensen, CFO
Date: July 27, 2021
Subject: Financial Report for the Month Ending June 30, 2021 (UNAUDITED)

For the month of June the hospital's actual operating margin of (\$41,481) was \$379,085 favorable to the budgeted operating margin of (\$420,566). The favorable variance is primarily due from a higher than expected payment received from the 19-20 Rate Range IGT accrued for in May and a final payment from the PRIME grant that was unbudgeted. After accounting for all other activity; the net income for June was \$358,087 vs. the budgeted net income of \$379,611 with a monthly EBDA of 8.7% vs. a budgeted 3.9%.

Gross patient revenue for June was \$23,346,543; (\$569,565) under budget. Inpatient gross revenue was under budget by (\$1,283,329). Inpatient days were under budget by (57) days and inpatient surgeries were under budget by (8) cases. Outpatient gross revenue was over budget by \$1,471,119. Outpatient visits were over budget by 215 visits, outpatient surgeries were under budget by (21) cases, and special procedures were under budget by (11) cases. The Emergency Room gross revenue was under budget by (\$757,355) with ER visits under budgeted expectations by (148) visits.

Deductions from revenue were favorable to budgeted expectations by \$751,405 due to gross revenue being under budget and from the additional Rate Range IGT and Prime funds received in June.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$175,368.

Operating Expenses of \$4,429,691 were favorable to budget by \$203,717. Salaries and wages and agency fees were under budget by \$165,227 from flexing clinical staff and the CFO, CMO, and case management salary costs now in contracted labor. Contracted labor was over budget by (\$56,759) due to the UCSF contracted labor costs for the CFO and CMO and case management contracted costs. Supplies are under budget by \$144,141 primarily from the year-end inventory adjustments. Purchased services are over budget by (\$134,694) due to an increase in IT costs related to increasing our cyber security (\$33,617) and other budgeted costs posted to June.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for June was \$133,328 vs. a budgeted net loss of (\$100,598). In the month of June the hospital received \$88,641 in donations from the Sonoma Valley Hospital Foundation primarily

for the ODC construction costs. The total net income for June after all activity was \$358,087 vs. a budgeted net income of \$379,611.

EBDA for the month of June was 8.7% vs. the budgeted 3.9%.

Patient Volumes – June

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	71	80	-9	65
Acute Patient Days	243	300	-57	238
Observation Days	28	0	28	16
OP Gross Revenue	\$18,143	\$17,430	\$713	\$14,583
Surgical Cases	138	167	-29	116

Gross Revenue Overall Payer Mix – June

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	37.7%	42.1%	-4.4%	39.9%	42.2%	-2.3%
Medicare Mgd Care	15.9%	13.3%	2.6%	15.6%	13.3%	2.3%
Medi-Cal	19.3%	17.8%	1.5%	18.5%	17.8%	0.7%
Self Pay	2.1%	1.9%	0.2%	1.3%	1.9%	-0.6%
Commercial	21.9%	22.2%	-0.3%	21.6%	22.2%	-0.6%
Workers Comp	3.1%	2.7%	0.4%	3.0%	2.6%	0.4%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for June:

For the month of June the cash collection goal was \$3,604,745 and the Hospital collected \$4,242,378 or over the goal by \$637,633. The cash collection goal for fiscal-year 2021 was \$37,936,906 and the Hospital has collected \$38,701,892 or over goal by \$764,986.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	44.6	27.2	17.4	81.0
Accounts Receivable Days	39.3	45.5	-6.2	49.1
Accounts Payable	\$3,572,451	\$3,310,069	\$262,382	\$2,817,952
Accounts Payable Days	48.4	44.9	3.5	40.7

Year End June 30, 2021 (Unaudited):

At fiscal-year end the hospital's actual operating margin of (\$6,402,370) was (\$1,122,326) unfavorable to the budgeted operating margin of (\$5,280,044). The unfavorable variance at year-end is a result of lower than budgeted volumes primarily in inpatient and the emergency room due to the COVID-19 pandemic. After accounting for all activity, the Fiscal Year ended with a net gain of \$5,357,618 vs. a budgeted net income of \$4,314,482. EBDA ended at \$314,472 or 0.6% vs. budgeted at \$1,761,126, or 3.4%. Accounts Payable at year-end was \$3,572,451 vs. \$2,818,987 at the end of last fiscal year. Total cash at June 30, 2021 was \$9,682,618 vs. \$11,054,230 at June 30, 2020.

At fiscal year-end June 30, 2021 the gross patient revenue is under budget by (\$16,336,687) with the inpatient gross revenue under budget by (\$8,988,962), outpatient gross revenue under budget by (\$535,331), and ER gross revenue under budget by (\$6,812,394). The fiscal year-end June 30, 2021 revenue deductions were favorable to budget by \$14,675,588. Of the variance, \$2,790,713 is from the prior period adjustments or IGT payments.

During fiscal year 2021 the hospital received \$8,361,137 in governmental supplemental program payments which were offset by matching fees of (\$2,818,574) for a net of \$5,542,563.

At fiscal year-end June 30, 2021 expenses are under budget by \$476,730. At year-end total people cost were under budget by \$1,186,488. Salaries, wages, and agency fees were under budget by \$867,019 due to flexing both clinical and non-clinical staff due to lower volumes related to the COVID pandemic, staff being called off due to the IT systems being down from the cyber-attack as well as the CFO and CMO costs being moved to contracted labor from the UCSF management contract. Employee benefits are under budget by \$319,469 due to health benefit costs being lower than budgeted. Physician and Professional fees were over budget by (\$155,112) due to the CFO and CMO management costs. Purchased Services were over budget by (\$266,705) primarily in lab (\$351,571) from the costs of the UCSF COVID-19 testing and Information Systems (\$175,101). The overages in the lab and in IT were offset by other departments being under budget in purchased services. The hospital had IGT matching fees of \$2,818,574 that were over budget by (\$389,357).

The hospital received \$5,922,623 from the Sonoma Valley Hospital Foundation primarily for the Outpatient diagnostic center.



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 June 30, 2021

ATTACHMENT A

	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Gross Revenue:								
Medicare	8,795,532	10,055,499	-1,259,967	-12.5%	100,145,627	112,569,378	-12,423,751	-11.0%
Medicare Managed Care	3,716,434	3,187,813	528,621	16.6%	39,124,901	35,567,867	3,557,034	10.0%
Medi-Cal	4,492,583	4,245,121	247,462	5.8%	46,472,084	47,465,321	-993,237	-2.1%
Self Pay	496,910	453,483	43,427	9.6%	3,140,584	5,045,885	-1,905,301	-37.8%
Commercial & Other Government	5,126,995	5,340,311	-213,316	-4.0%	54,549,113	59,661,437	-5,112,324	-8.6%
Worker's Comp.	718,089	633,881	84,208	13.3%	7,603,676	7,062,784	540,892	7.7%
Total	23,346,543	23,916,108	(569,565)		251,035,985	267,372,672	(16,336,687)	

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Net Revenue:								
Medicare	1,124,115	1,302,527	-178,412	-13.7%	12,115,708	13,871,032	-1,755,324	-12.7%
Medicare Managed Care	414,011	358,009	56,002	15.6%	4,336,509	3,951,876	384,633	9.7%
Medi-Cal	488,532	474,558	13,974	2.9%	4,977,678	5,156,184	-178,506	-3.5%
Self Pay	204,329	222,094	-17,765	-8.0%	1,548,186	2,350,514	-802,328	-34.1%
Commercial & Other Government	1,460,803	1,659,270	-198,467	-12.0%	16,261,568	18,604,965	-2,343,397	-12.6%
Worker's Comp.	130,118	115,303	14,815	12.8%	1,419,933	1,307,320	112,613	8.6%
Prior Period Adj./IGT	491,693	-	491,693	*	8,491,634	5,570,424	2,921,210	*
Total	4,313,601	4,131,761	181,840	4.4%	49,151,216	50,812,315	(1,661,099)	-3.3%

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Percent of Net Revenue:								
Medicare	26.1%	31.4%	-5.3%	-16.9%	24.7%	27.3%	-2.7%	-9.9%
Medicare Managed Care	9.6%	8.7%	0.9%	10.3%	8.8%	7.8%	1.0%	12.8%
Medi-Cal	11.3%	11.5%	-0.2%	-1.7%	10.1%	10.1%	0.0%	0.0%
Self Pay	4.7%	5.4%	-0.7%	-13.0%	3.1%	4.6%	-1.5%	-32.6%
Commercial & Other Government	33.9%	40.2%	-6.3%	-15.7%	33.1%	36.6%	-3.5%	-9.6%
Worker's Comp.	3.0%	2.8%	0.2%	7.1%	2.9%	2.6%	0.3%	11.5%
Prior Period Adj./IGT	11.4%	0.0%	11.4%	*	17.3%	11.0%	6.3%	57%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Projected Collection Percentage:								
Medicare	12.8%	13.0%	-0.2%	-1.5%	12.1%	12.3%	-0.2%	-1.6%
Medicare Managed Care	11.1%	11.2%	-0.1%	-0.9%	11.1%	11.1%	0.0%	0.0%
Medi-Cal	10.9%	11.2%	-0.3%	-2.7%	10.7%	10.9%	-0.2%	-1.8%
Self Pay	41.1%	49.0%	-7.9%	-16.1%	49.3%	46.6%	2.7%	5.8%
Commercial & Other Government	28.5%	31.1%	-2.6%	-8.4%	29.8%	31.2%	-1.4%	-4.5%
Worker's Comp.	18.1%	18.2%	-0.1%	-0.5%	18.7%	18.5%	0.2%	1.1%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 06/30/21</u>	<u>Budget 06/30/21</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 06/30/21</u>	<u>Budget 06/30/21</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 06/30/20</u>
Inpatient Utilization								
Discharges								
1	51	64	(13)	Med/Surg	617	745	(128)	669
2	20	16	4	ICU	170	185	(15)	193
3	71	80	(9)	Total Discharges	787	930	(143)	862
Patient Days:								
4	188	219	(31)	Med/Surg	2,116	2,522	(406)	2,250
5	55	81	(26)	ICU	1,052	956	96	973
6	243	300	(57)	Total Patient Days	3,168	3,478	(310)	3,223
7	28	-	28	Observation days	233	-	233	197
Average Length of Stay:								
8	3.7	3.4	0.3	Med/Surg	3.4	3.4	0.0	3.4
9	2.8	5.1	(2.3)	ICU	6.2	5.2	1.0	5.0
10	3.4	3.8	(0.3)	Avg. Length of Stay	4.0	3.7	0.3	3.7
Average Daily Census:								
11	6.3	7.3	(1.0)	Med/Surg	5.8	6.9	(1.1)	6.2
12	1.8	2.7	(0.9)	ICU	2.9	2.6	0.3	2.7
13	8.1	10.0	(1.9)	Avg. Daily Census	8.7	9.5	(0.8)	8.8
Other Utilization Statistics								
Emergency Room Statistics								
14	847	995	(148)	Total ER Visits	8,689	11,062	(2,373)	9,665
Outpatient Statistics:								
15	4,645	4,430	215	Total Outpatients Visits	48,705	51,172	(2,467)	47,802
16	16	24	(8)	IP Surgeries	197	278	(81)	240
17	122	143	(21)	OP Surgeries	1,221	1,586	(365)	1,303
18	71	82	(11)	Special Procedures	587	908	(321)	678
19	318	295	24	Adjusted Discharges	3,016	3,314	(299)	3,221
20	1,089	1,105	(15)	Adjusted Patient Days	12,041	12,397	(356)	12,022
21	36.3	36.8	(0.5)	Adj. Avg. Daily Census	33.0	34.0	(1.0)	32.9
22	1.4417	1.4000	0.042	Case Mix Index - Medicare	1.5359	1.4000	0.136	1.3923
23	1.3525	1.4000	(0.047)	Case Mix Index - All payers	1.4779	1.4000	0.078	1.5170
Labor Statistics								
24	204	223	19	FTE's - Worked	207	218	10.5	203
25	229	249	19	FTE's - Paid	229	243	14.7	225
26	45.63	45.97	0.34	Average Hourly Rate	46.55	45.45	(1.10)	45.36
27	6.31	6.75	0.44	FTE / Adj. Pat Day	6.93	7.16	0.23	6.83
28	36.0	38.5	2.5	Manhours / Adj. Pat Day	39.5	40.8	1.3	38.9
29	123.2	144.3	21.1	Manhours / Adj. Discharge	157.6	152.6	(5.0)	145.3
30	24.3%	22.5%	-1.8%	Benefits % of Salaries	22.4%	22.4%	0.0%	24.1%
Non-Labor Statistics								
31	11.3%	14.2%	2.9%	Supply Expense % Net Revenue	16.3%	14.9%	-1.4%	13.1%
32	1,389	1,990	601	Supply Exp. / Adj. Discharge	2,216	2,044	(172)	1,909
33	14,129	16,032	1,903	Total Expense / Adj. Discharge	19,117	17,545	(1,573)	17,231
Other Indicators								
34	66.0			Days Cash - Operating Funds				
35	39.3	50.0	(10.7)	Days in Net AR	48.8	50.0	(1.2)	44.5
36	118%			Collections % of Net Revenue	102%			98.4%
37	48.4	55.0	(6.6)	Days in Accounts Payable	48.4	55.0	(6.6)	50.3
38	16.7%	17.3%	-0.6%	% Net revenue to Gross revenue	16.4%	17.0%	-0.7%	19.7%
39	17.5%			% Net AR to Gross AR	17.5%			17.0%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 4,044,067	\$ 2,260,520	\$ 1,818,218
2 Cash - Money Market	5,638,551	1,638,344	9,236,012
3 Net Patient Receivables	6,320,618	7,105,046	4,841,200
4 Allow Uncollect Accts	(1,440,050)	(1,465,814)	(920,518)
5 Net A/R	4,880,568	5,639,232	3,920,682
6 Other Accts/Notes Rec	1,723,815	1,551,383	1,170,799
7 Parcel Tax Receivable	3,854,846	185,362	3,886,141
8 GO Bond Tax Receivable	3,317,232	49,916	3,309,180
9 3rd Party Receivables, Net	(46,595)	5,309,989	196,629
10 Inventory	934,048	883,273	864,337
11 Prepaid Expenses	871,737	767,866	764,657
12 Total Current Assets	\$ 25,218,269	\$ 18,285,885	\$ 25,166,655
13 Property, Plant & Equip, Net	\$ 52,588,887	\$ 52,620,502	\$ 49,267,901
14 Trustee Funds - GO Bonds	5,935,165	5,935,057	5,528,299
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 84,742,321	\$ 77,841,444	\$ 79,962,855
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,572,451	\$ 3,310,069	\$ 2,818,987
18 Accrued Compensation	4,112,966	4,110,021	4,096,086
19 Interest Payable - GO Bonds	448,640	358,909	477,140
20 Accrued Expenses	1,724,407	1,973,740	1,553,810
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	3,800,004	316,651	3,799,988
23 Deferred GO Bond Tax Revenue	3,317,236	275,770	3,309,185
24 Current Maturities-LTD	263,571	270,436	311,512
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	252,412	252,412	148,936
27 Total Current Liabilities	\$ 22,965,421	\$ 16,341,742	\$ 21,989,378
28 Long Term Debt, net current portion	\$ 27,102,345	\$ 27,183,234	\$ 28,656,540
29 Fund Balances:			
30 Unrestricted	\$ 19,456,999	\$ 19,187,553	\$ 20,021,719
31 Restricted	15,217,556	15,128,915	9,295,218
32 Total Fund Balances	\$ 34,674,555	\$ 34,316,468	\$ 29,316,937
33 Total Liabilities & Fund Balances	\$ 84,742,321	\$ 77,841,444	\$ 79,962,855

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	71	80	(9)	-11%	Acute Discharges	787	930	(143)	-15%	797	
2	243	300	(57)	-19%	Patient Days	3,168	3,478	(310)	-9%	2,987	
3	28	-	28	0%	Observation Days	233	-	233	*	181	
4	\$ 18,143	\$ 17,430	\$ 713	4%	Gross O/P Revenue (000's)	\$ 185,117	\$ 192,465	\$ (7,348)	-4%	\$ 174,492	
Financial Results											
Gross Patient Revenue											
5	\$ 5,203,076	\$ 6,486,405	(1,283,329)	-20%	Inpatient	\$ 65,918,617	\$ 74,907,579	(8,988,962)	-12%	\$ 64,076,827	
6	11,704,471	10,233,352	1,471,119	14%	Outpatient	112,384,102	112,919,433	(535,331)	0%	98,230,240	
7	6,438,996	7,196,351	(757,355)	-11%	Emergency	72,733,266	79,545,660	(6,812,394)	-9%	76,632,675	
8	\$ 23,346,543	\$ 23,916,108	(569,565)	-2%	Total Gross Patient Revenue	\$ 251,035,985	\$ 267,372,672	(16,336,687)	-6%	\$ 238,939,742	
Deductions from Revenue											
9	(19,275,258)	(19,571,239)	295,981	2%	Contractual Discounts	\$ (208,609,003)	\$ (219,573,485)	10,964,482	5%	\$ (188,552,819)	
10	(100,000)	(200,000)	100,000	50%	Bad Debt	(1,370,000)	(2,400,000)	1,030,000	43%	(2,130,000)	
11	(18,900)	(13,108)	(5,792)	-44%	Charity Care Provision	(266,903)	(157,296)	(109,607)	-70%	(331,986)	
12	361,216	-	361,216	*	Prior Period Adj/Government Program Revenue	8,361,137	5,570,424	2,790,713	50%	(1,011,025)	
13	\$ (19,032,942)	\$ (19,784,347)	751,405	-4%	Total Deductions from Revenue	\$ (201,884,769)	\$ (216,560,357)	14,675,588	-7%	\$ (192,025,830)	
14	\$ 4,313,601	\$ 4,131,761	181,840	4%	Net Patient Service Revenue	\$ 49,151,216	\$ 50,812,315	(1,661,099)	-3%	\$ 46,913,912	
15	\$ 74,609	\$ 81,081	(6,472)	-8%	Other Op Rev & Electronic Health Records	\$ 1,035,015	\$ 972,972	62,043	6%	\$ 791,535	
16	\$ 4,388,210	\$ 4,212,842	175,368	4%	Total Operating Revenue	\$ 50,186,231	\$ 51,785,287	\$ (1,599,056)	-3%	\$ 47,705,447	
Operating Expenses											
17	\$ 1,788,888	\$ 1,954,115	165,227	8%	Salary and Wages and Agency Fees	\$ 22,124,844	\$ 22,991,863	867,019	4%	\$ 21,230,037	
18	653,206	702,922	49,716	7%	Employee Benefits	7,927,255	8,246,724	319,469	4%	8,123,927	
19	\$ 2,442,094	\$ 2,657,037	214,943	8%	Total People Cost	\$ 30,052,099	\$ 31,238,587	1,186,488	4%	\$ 29,353,964	
20	\$ 530,845	\$ 474,086	(56,759)	-12%	Med and Prof Fees (excl Agency)	\$ 5,466,815	\$ 5,311,703	(155,112)	-3%	\$ 5,030,534	
21	442,207	586,348	144,141	25%	Supplies	6,681,948	6,773,373	91,425	1%	6,149,937	
22	515,061	380,367	(134,694)	-35%	Purchased Services	5,137,072	4,870,367	(266,705)	-5%	4,588,873	
23	247,938	266,969	19,031	7%	Depreciation	3,056,269	3,203,452	147,183	5%	3,108,252	
24	92,940	97,054	4,114	4%	Utilities	1,351,614	1,159,691	(191,923)	-17%	1,187,112	
25	43,196	42,603	(593)	-1%	Insurance	540,195	511,192	(29,003)	-6%	466,478	
26	17,485	23,819	6,334	27%	Interest	207,731	285,850	78,119	27%	313,913	
27	97,925	105,125	7,200	7%	Other	1,276,284	1,281,899	5,615	0%	1,283,428	
28	-	-	-	*	Matching Fees (Government Programs)	2,818,574	2,429,217	(389,357)	16%	2,765,336	
29	\$ 4,429,691	\$ 4,633,408	203,717	4%	Operating expenses	\$ 56,588,601	\$ 57,065,331	476,730	1%	\$ 54,247,827	
30	\$ (41,481)	\$ (420,566)	\$ 379,085	90%	Operating Margin	\$ (6,402,370)	\$ (5,280,044)	(1,122,326)	-21%	\$ (6,542,380)	

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

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ (11,322)	\$ 3,305	(14,627)	-443%						\$ 7,566,943	
32	-	-	-	0%						13,461	
33	-	-	-	*						(107,328)	
34	186,131	316,663	(130,532)	-41%						3,771,527	
35	0	0	-	0%						(5,444)	
36	<u>\$ 174,809</u>	<u>\$ 319,968</u>	<u>(145,159)</u>	<u>-45%</u>						<u>\$ 11,239,159</u>	
37	<u>\$ 133,328</u>	<u>\$ (100,598)</u>	<u>233,926</u>	<u>-233%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (2,741,797)</u>	<u>\$ (1,442,326)</u>	<u>(1,299,507)</u>	<u>90%</u>	<u>\$ 4,696,779</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 88,641	\$ 294,175	(205,534)	0%	Restricted Foundation Contributions	\$ 5,922,623	\$ 3,530,100	2,392,523	100%	\$ 2,426,516	
40	<u>\$ 221,969</u>	<u>\$ 193,577</u>	<u>28,392</u>	<u>15%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ 3,180,826</u>	<u>\$ 2,087,774</u>	<u>1,093,052</u>	<u>52%</u>	<u>\$ 7,123,295</u>	
41	136,118	186,034	(49,916)	-27%	GO Bond Activity, Net	2,176,792	2,226,708	(49,916)	-2%	2,114,355	
42	<u>\$ 358,087</u>	<u>\$ 379,611</u>	<u>(21,524)</u>	<u>-6%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ 5,357,618</u>	<u>\$ 4,314,482</u>	<u>1,043,136</u>	<u>24%</u>	<u>\$ 9,237,650</u>	
	\$ 381,266	\$ 166,371	214,895		EBDA - Not including Restricted Contributions	\$ 314,472	\$ 1,761,126	(1,446,654)		\$ 7,805,031	
	8.7%	3.9%				0.6%	3.4%			16.4%	

* Operating Margin without Depreciation expense:

\$ (41,481)	\$ (420,566)	\$ 379,085	90%	Operating Margin	\$ (6,402,370)	\$ (5,280,044)	\$ (1,122,326)	-21%
247,938	266,969	19,031	7%	Add back Depreciation	3,056,269	3,203,452	147,183	5%
<u>\$ 206,457</u>	<u>\$ (153,597)</u>	<u>\$ 398,116</u>	<u>234%</u>	Operating Margin without Depreciation expense	<u>\$ (3,346,101)</u>	<u>\$ (2,076,592)</u>	<u>\$ (975,143)</u>	<u>-61%</u>

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

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	867,019	165,227	Salaries and wages are under budget by \$210,903 and agency fees are over budget by (\$45,676). Salaries and wages are better than budget due to flexing clinical staff and CFO, CMO and case management costs moved to contracted labor.
Employee Benefits	319,469	49,716	
Total People Cost	1,186,488	214,943	
Med and Prof Fees (excl'd Agency)	(155,112)	(56,759)	Professional fees (contracted labor) is over budget due to CFO and CMO costs (UCSF) as well as contracted case management fees (Banyan Medical). These costs are offset by their salary savings in Salaries and Wages.
Supplies	91,425	144,141	Supplies are under budget primarily due to year-end inventory adjustments.
Purchased Services	(266,705)	(134,694)	Purchased services are over budget due to an increase in IT costs related to increasing our cyber security (\$33,617) and other budgeted costs posted to June.
Depreciation	147,183	19,031	
Utilities	(191,923)	4,114	
Insurance	(29,003)	(593)	
Interest	78,119	6,334	
Other	5,615	7,200	
Matching Fees (Government Programs)	(389,357)	-	
Operating expenses	476,730	203,717	

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	Actual May	Actual 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	3,489,587	4,289,014	40,875,854
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	166,223	123,679	100,600	84,519	95,152	197,025	142,967	1,476,438
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	14,948	10,413	268,196
4 Unrestricted Contributions	-	3,306	653	498	5,456	-	104,664	-	4,465	14,500	265	299	134,107
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	3,701,825	4,442,693	42,754,595
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	4,082,972	4,197,825	50,470,021
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	7,510	87,753	354,582
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	117,380	151,056	7,474,097
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	4,207,862	4,436,633	58,298,700
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)	(506,037)	6,059	(15,544,105)
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	92,662	15,973	5,718,494
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	-	8,105	257,778	2,285,461
16 IGT - AB915	-	-	-	-	-	-	-	(60,772)	-	-	-	5,299,118	5,238,346
17 PRIME	-	14,229	270,000	-	-	712,947	-	-	-	-	-	204,618	1,201,794
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	100,767	1,777,487	21,194,931
Non-Hospital Uses of Cash													
18 Matching Fees	-	142,041	-	-	313,968	620,237	-	-	-	2,198,337	150,394	-	3,424,977
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	313,968	620,237	-	-	-	2,198,337	150,394	-	3,424,977
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	(49,628)	1,777,487	17,769,954
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	(555,665)	1,783,547	
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	2,260,520	
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	2,260,520	4,044,067	
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	1,638,344	5,638,551	
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	3,898,864	9,682,618	
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	27.20	44.64	

* Note - Actual days of cash on hand on Indicator Page



To: SVHCD Board of Directors
From: Bill Boerum, Board Member & Treasurer, Finance Ctte Chair
Meeting Date: August 5, 2021
Subject: Finance Committee Quarterly Report

Background:

The Finance Committee, now at full complement of authorized members, meets regularly every month at 5PM on the fourth Tuesday of the month, receiving administrative and financial reports – on an Inform basis - from the hospital CEO and CFO and taking Action as agendized. The same reports are delivered the following week to the Board of Directors, the Committee routinely meeting the week before the Board. As needed and by convention there occasionally are additional special sessions. As an example, there was special joint session on May 25 of the Finance Committee and the Board of Directors to jointly confer on the staff recommendation for the 2021-22 budget. The public is invited to all Committee meetings. Unfortunately, even with a long addressee list and Zoom sessions, usually no one from the public attends. This raises the question as to how to engage the community.

During the past four months we received updates from the Finance Department on the status of the Outpatient Diagnostic Center project. These included news on cost overruns on the CT installation and negotiations with our project manager, Vertran to limit the hospital's share of the overruns. The latest estimate for installation of the CT is by the end of August. There are significant difficulties with the MRI installation, both the costs and estimate of completion date. The CEO along with Vertran continues negotiation with the contractor, Dome Construction on a number of issues. The latest estimate for completion of the MRI is December 2022.

At the May 25th regular meeting, the Finance Committee after conferring with the Board in a joint study session, accepted the staff-prepared budget as submitted and recommended it to the Board for consideration. The budget projected net patient revenue of \$49.4 million, negative operating margin of \$6.6 million, and net loss of \$2.8 million (which included parcel tax revenue of \$3.8 million) before the positive effects of restricted (foundation) contributions (\$3.8 million) and GO Bond Tax Assessment (\$2.4 million). Detail on the budget – with volumetric projections - is included in the Finance Committee agenda package, and of course the Board packet for June 3.

The other significant action by the Committee at the May meeting was the recommendation to the Board to undertake a refunding of the 2010 Series of General Obligation Bonds to achieve a lower interest rate during the remaining 10-year life of the bonds. The objective was lower costs to taxpayers who pay an annual, ad valorem tax on residential and commercial real estate in the District. The objective was a savings of \$2.0 million with issuance costs of \$200K. With financial schedules prepared by Financial Advisor, Gary Hicks, the Committee recommended the project to the Board. After much work by our finance staff and various intermediaries, the refunding actually was closed today, earlier than expected, at a lower interest rate and at lower costs of issuance than projected. Details of the transaction are provided elsewhere.

At the June 27 meeting we were informed (as was the Board subsequently) by the Administration that the hospital would not be proceeding to join with Marin General Hospital in a project for an electronic health record system to be delivered by Epic Systems. Essentially, the reasons for not proceeding were insufficient cost-benefit justification as to scale; as well as the funding capability for a project estimated to cost between \$9-10 million.

During the past months we were pleased to have three vacancies on the Committee filled by the Board. These were: Wendy Lee Myatt; Catherine Donahue; and Carl Gerlach. Congratulations and welcome to them.

Quarterly Board Quality Committee Report

August 5, 2021

2021 Work Plan

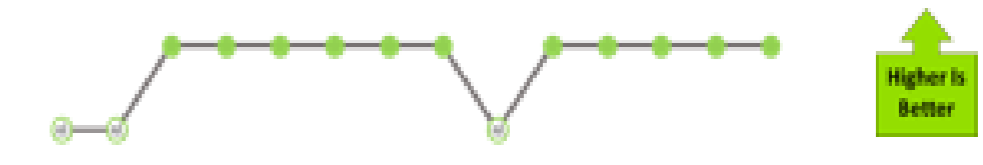

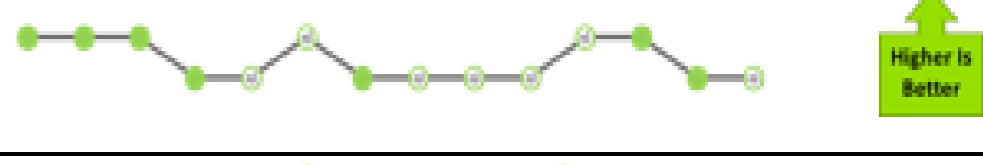

January 1/27	February 2/24	March 3/24	April 4/28
<ul style="list-style-type: none"> ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 4th Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Quality Indicator Performance and Plan ▪ Annual Quality Department Review ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 1st Qtr ▪ Discussion – Nurse Leaders Attending QC ▪ Policies and Procedures ▪ Credentialing
May 5/26	June No Meeting	July 7/14	August 8/11
<ul style="list-style-type: none"> ▪ Quality Indicator Performance and Plan ▪ QC Meeting Schedule ▪ Discussion – Policies and Procedures ▪ Policies and Procedures ▪ Credentialing 		<ul style="list-style-type: none"> ▪ ED Sepsis Metrics/PI Work: Philip Brown & Dr. Schmidt ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 2nd Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Communication about Medications: Chris Kutza & Jessica Winkler ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing
September 9/08	October 10/13	November 11/10	December 12/08
<ul style="list-style-type: none"> ▪ Surgery/Central Sterile Project: Dana Fry ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Med-Surg/ICU QAPI Plan for Inpatient Services: Jessica Winkler ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 3rd Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ QAPI Plan for Imaging (or PI Project): Dave Young ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Lab QAPI Plan: Lola (Shukurat Baruwa) ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing

Emergency Services

Sepsis Action Items

- Collaborative weekly review of sepsis cases & objective auditing
- Quicker review with staff for opportunities of improvement
- Ownership and remediation for all clinical staff
- 100% of Sepsis cases are reviewed

Core Measures

Core Measures	FY20 Baseline	Month (May '21)	FY21TD (May '21)	FY21 Benchmark	Trendline Summary Green/Red Dot: Best/Worst Monthw/in 12-month Trend
HOP Colonoscopy Follow-up for avg risk patients OP 29	80.26% (n=76)	100% (n=10)	100% (n=74)	91%	
HOP ED Throughput (Median time in minutes) OP 18	140 minutes (n=335)	110 minutes (n=28)	111.11 minutes (n=308)	114 minutes	
HOP Stroke Head CT within 45 minutes OP 23	100% (n=11)	NA (n=0)	100% n=6	72%	
Core Sepsis Sepsis Care Composite	68% (n=75)	85.71% (n=7)	71.70% (n=53)	60%	

Patient Experience: HCAHPS Scores

Patient Experience	FY20	FY21TD (May 2021)	FY21 Goals	FY21TD vs FY20 Baseline Period
Would Recommend the Hospital (IP)	67.19% (n=128)	Hospital 75% (n=88)	>70%	Increase 7.81% ↑ Higher is Better
Would Recommend the Hospital (AS)	78.72% (n=376)	Outpatient 82.84% (n=268)	>70%	Increase 4.12% ↑ Higher is Better
Physician Communication (IP)	74.57% (n=133)	Hospital 89% (n=89)	>70%	Increase 14.43% ↑ Higher is Better
Care Provider Overall (AS)	78.76% (n=365)	Outpatient 82.96% (n=261)	>70%	Increase 4.20% ↑ Higher is Better



To: SVHCD Board of Directors
From: Bill Boerum, Board Member, Treasurer and Audit Committee member
Meeting Date: August 5, 2021
Subject: Appointments of Public Members to the Audit Committee

Background:

The Charter of the Audit Committee provides for at least two members representing the “public.” Such seats currently are vacant. The other Committee members are ex officio: the Chair of the Board; the Board Treasurer (Finance Committee Chair), the Chief Executive Officer of the Hospital; and the Chief Financial Officer of the Hospital.

While the Charter lists 15 responsibilities, the two most important in our circumstances are: the appointment of an independent auditor (firm) which reports directly to the Board; and in effect, ensuring the integrity of the audited financial statements. The first was accomplished last year with the re-appointment for a three-year period of Armanino LLP.

According to the Charter, a majority of the members of the Audit Committee shall have “financial expertise including an understanding of generally accepted accounting principles and financial statements, an understanding of internal controls and procedures for financial reporting, and an understanding of Audit Committee functions.” With the audit of the fiscal year ending June 30, 2021 already underway, it is important to add the “public” members in time for presentation of the audit results for the Committee’s meeting expected on October 26.

Fortunately, we have two exceptional candidates who meet the experience requirements of the Charter and have interest in serving: Arthur Grandy and Graham Smith. Both of these candidates are known to and have the endorsement of Board Chair Rymer and myself. Information on their backgrounds is attached as separate documents, and I will let those credentials speak for themselves. However, I will say as to Art Grandy, he will be completing his three years of service on the Finance Committee next March. Regarding Graham Smith, I would be delighted particularly to have him, a highly experienced financial executive bringing a fresh set of eyes to our proceedings, join our roster of Board standing committee members.

Please join Chair Rymer and me in approving the appointment of Art Grandy and Graham Smith to the Audit Committee.

Arthur Grandy Background

Art and his wife Margaret moved in January 2014 to Sonoma from London, which was the last stop in their international careers spanning over forty years. His thirty-one years in Citibank's international business took them to developing countries in the Middle East and Asia before the move to London where Art ultimately was Head of Global Risk Management for the emerging markets.

After retiring from Citibank, Art held advisory and directorship positions in international banks and taught on a pro bono basis at the American University of Beirut. Art is on the board of Sonoma Valley Fund, and recently joined the advisory board of the Sonoma Land Trust. He joined the Board of Directors of the Sonoma Valley Hospital Foundation in September 2020 and serves on its Finance Committee and its Audit Committee. He joined the Health Care District Board's Finance Committee in 2019.

Art grew up in California and has BSCE and MBA degrees from UC Berkeley.

GRAHAM SMITH

17900 Norrbom Rd, Sonoma, CA 95476 · (415) 298-2330
grahamvsmith@gmail.com · <https://www.linkedin.com/in/graham-smith-8863a>

Finance professional with extensive software and public company experience

BOARD EXPERIENCE

JANUARY 2018 – TO DATE

DIRECTOR (AND CURRENT BOARD CHAIR), SONOMA VALLEY EDUCATION FOUNDATION

JULY 2011 – TO DATE

DIRECTOR (AND CURRENT BOARD CHAIR), SPLUNK (NASDAQ: SPLK)

MAY 2015 – TO DATE

DIRECTOR (AND CURRENT LEAD INDEPENDENT DIRECTOR), BLACKLINE (NASDAQ: BL)

DECEMBER 2018 – TO DATE

DIRECTOR (AND CURRENT AUDIT COMMITTEE CHAIR), SLACK (NYSE: WORK)

FEBRUARY 2020 – TO DATE

DIRECTOR (AND CURRENT LEAD INDEPENDENT DIRECTOR AND AUDIT COMMITTEE CHAIR), PROCORE (NYSE: PCOR)

PREVIOUS BOARD ROLES AT

JUNE 2015 – MARCH 2020

DIRECTOR (AND BOARD CHAIR), XERO (ASX: XERO)

APRIL 2015 – FEBRUARY 2019

DIRECTOR (AND AUDIT COMMITTEE CHAIR), MINDBODY (NASDAQ: MB)

DECEMBER 2015 – JUNE 2018

DIRECTOR, CITRIX (NASDAQ: CTXS)

OPERATING EXPERIENCE

DECEMBER 2007 – AUGUST 2014

CFO, SALESFORCE (NYSE: CRM)

JANUARY 2003 – NOVEMBER 2007

CFO, ADVENT SOFTWARE (NASDAQ: ADVS) - NOW PART OF SS&C

JANUARY 2002 – DECEMBER 2002

CFO, VITRIA TECHNOLOGY (NASDAQ: VITR)

AUGUST 1998 – DECEMBER 2001

CFO, NUANCE COMMUNICATIONS (NASDAQ: NUAN) - NOW PART OF MICROSOFT

APRIL 1994 – JULY 1998

VICE PRESIDENT, FINANCE, WORLDWIDE OPERATIONS, ORACLE CORP (NASDAQ: ORCL)

DECEMBER 1987 – MARCH 1994

CHIEF ACCOUNTANT, ORACLE UK

FEBRUARY 1987 – NOVEMBER 1987

RELEASE COSTS ACCOUNTANT, UNITED INTERNATIONAL PICTURES

AUGUST 1983 – JANUARY 1987

STAFF AUDITOR, ARTHUR ANDERSEN & CO.

EDUCATION

MAY 1981

B.SC ECONOMICS AND POLITICS, BRISTOL UNIVERSITY, ENGLAND

DECEMBER 1986

A.C.A., (CPA EQUIVALENT IN ENGLAND AND WALES)

SKILLS

- Board leadership, governance and development
- Audit and compliance
- M& Strategy and planning
- M&A
- Financial reporting and analysis
- Equity capital markets and financing

ACTIVITIES

Sonoma-oriented philanthropy, investing, cycling, wine-collecting, golf, travel.