



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

**THURSDAY, SEPTEMBER 2, 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: 950 3548 2044, Passcode: 668583

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

and enter the Meeting ID: 950 3548 2044, Passcode: 668583

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Jenny Fontes at jfontes@sonomavalleyhospital.org at least 48 hours prior to the meeting.	RECOMMENDATION		
AGENDA ITEM			
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>		
2. PUBLIC COMMENT ON CLOSED SESSION			
3. CLOSED SESSION a. <u>Calif. Government Code § 54956.9(d)(4): Conference Regarding Closed Litigation</u> b. <u>Calif. Government Code § 37606 and Health and Safety Code § 32106: Trade Secret Regarding Proposed New Services</u>			
4. REPORT ON CLOSED SESSION	<i>Rymer</i>	Inform	
5. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>			

6. BOARD CHAIR COMMENTS	<i>Rymer</i>	Inform	
7. CONSENT CALENDAR <ul style="list-style-type: none"> a. Board Minutes 08.05.21 b. Finance Committee Minutes 07.27.21 c. Quality Committee Minutes 07.14.21 d. Policy and Procedures 	<i>Rymer</i>	Action	Pages 3-5 Pages 6-8 Pages 9-10 Pages 11-17
8. CHIEF OF STAFF REPORT	<i>Solomon</i>	Inform	Pages 18-19
9. QUALITY COMMITTEE ROLE IN POLICIES AND PROCEDURES	<i>Mainardi</i>	Action	Page 20
10. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	Inform	
11. RESOLUTION 361 FOR GO BOND TAX RATE	<i>Jensen</i>	Action	Pages 21-25
12. CMO REPORT	<i>Kidd</i>	Inform	Pages 26-27
13. EDIT OF GOVERNANCE CHARTER REGARDING COMMUNITY MEMBER	<i>Boeurum</i>	Action	Page 28
14. ADMINISTRATIVE REPORT FOR SEPTEMBER 2021	<i>Hennelly</i>	Inform	Page 29
15. FINANCIALS FOR THE MONTH ENDED JULY 31, 2021	<i>Jensen</i>	Inform	Pages 30-39
16. DISCUSSION REGARDING IN-PERSON BOARD MEETINGS	<i>Rymer</i>	Inform	
17. 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, AUGUST 5, 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 6:03 p.m.		
2. REPORT ON CLOSED SESSION	<i>Rymer</i>	
Mr. Rymer said that potential litigation and issues involving trade secrets were discussed with no decision.		
3. PUBLIC COMMENTS	<i>Rymer</i>	
No public comments		
4. BOARD CHAIR COMMENTS	<i>Rymer</i>	
Mr. Rymer congratulated Mr. Boerum, Mr. Jensen and Ms. Duggan on the closing of the bond refinancing.		
4. CONSENT CALENDAR	<i>Rymer</i>	
<ul style="list-style-type: none"> a. Board Minutes 07.01.21 b. Finance Committee Minutes 06.22.21 c. Quality Committee Minutes 05.26.21 d. Governance Committee Minutes 05.19.21 e. Medical Staff Credentialing 		
		MOTION: by Boerum to approve, 2 nd by Kornblatt Idell. All in favor.
5. VALLEY OF THE MOON SEMI ANNUAL REPORT	<i>Empey</i>	
Mr. Empey gave his semiannual report for quarter two of 2021. The report included reviewing quality measures, capacity, and reimbursements.		
6. AGREEMENT FOR THE COLLECTION OF SPECIAL TAXES, FEES AND ASSESSMENTS	<i>Boerum</i>	
Mr. Jensen presented and recommended the approval of the updated agreement for the current year.		MOTION: by Boerum to approve 2 nd by Mainardi. All in favor.
7. AFFILIATION OVERSITE COMMITTEE CHARTER	<i>Boerum</i>	
Mr. Boerum presented the newly created Affiliation Oversight committee Charter.		MOTION: by Boerum to approve the new charter, 2 nd by Mainardi.

8. BOARD BYLAWS REVISION	<i>Rymer</i>	
Mr. Boerum presented the proposed revision of the Board Bylaws. The recommendation of the Governance Committee was to revise the Bylaws to allow the members of the Affiliation Oversight Committee be exempt from the district living requirement.		MOTION: by Boerum to approve the Bylaws revision, 2 nd by Bjorndal. All in favor.
9. SVHF ANNUAL UPDATE	<i>Pier</i>	
Mr. Pier gave his annual Foundation report. This included a review of the 2021 objectives, the overall contributions to the hospital, Foundation revenue, and strategic priorities.		
10. CMO REPORT	<i>Kidd</i>	
Dr. Kidd gave an update on the current COVID-19 guidelines and the increase in positive cases locally and regionally. She said as of today the state is mandating all health care providers be vaccinated by September 30 th . She also spoke about the update to the state guidelines around hospital visitation. Visitors will now have to prove vaccination status prior to visiting patients. She spoke about the ongoing work being done with virtual case management and surgical services. She presented the new slate of leadership for medical staff. She said an evacuation drill will occur in the next month in preparation to the upcoming fire season.		
11. CEO REPORT	<i>Hennelly</i>	
Mr. Hennelly gave an update on the outpatient diagnostic center construction progress and issues. He said that the recruitment for the new SVH IT leadership position with UCSF is nearing completion. UCSF is showing good engagement regarding strategic planning for the hospital. While the hospital volumes seem to be increasing, they may be affected by the current COVID situation.		
11. FINANCIALS FOR THE MONTH ENDED JULY 31, 2021	<i>Jensen</i>	
Mr. Jensen discussed patient volumes and the payer mix for the month of June 2021. The cash collection goal was \$3.6 million, and the hospital collected \$4.2 million. The fiscal year 2021 goal was \$37.9 million, and the hospital collected \$38.7 million, over goal by \$764,986. Days' cash on hand were 44.6, A/R days were 39.3, A/P were \$3.5 million, and A/P days were 48.4. 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.		

<p>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).</p> <p>Operating Expenses of \$4,429,691 were favorable to budget by \$203,717.</p> <p>After accounting for all other activity, the net income for June was \$358,087 vs. the budgeted net income of \$379,611.</p> <p>Mr. Jensen announced that he will be retiring January 7, 2022.</p>		
12. BOARD COMMENTS	<i>Board</i>	
<ul style="list-style-type: none"> • Finance Committee Quarterly Update – Mr. Boerum presented the quarterly update for review. • Quality Committee Quarterly Update – Dr. Mainardi presented the quarterly update for review. • Mr. Boerum spoke about the current COVID-19 surge and the need for universal vaccinations. 		
13. AUDIT COMMITTEE NEW MEMBERS	<i>Boerum</i>	
Mr. Boerum gave a brief introduction to the recommended audit committee new members, Mr. Art Grandy and Mr. Graham Smith.		MOTION: by Boerum to approve the new members, 2 nd by Rymer. All in favor.
13. ADJOURN	<i>Rymer</i>	
Adjourned 7:36 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES

TUESDAY, JULY 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 Peter Hohorst via Zoom Wendy Lee via Zoom Carl Gerlach via Zoom Catherine Donahue via Zoom			Ken Jensen, CFO, via Zoom Sarah Dungan via Zoom Dawn Kuwahara, CAO, via Zoom Celia Kruse De La Rosa 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 p.m. Mr. Boerum introduced the new committee members Mr. Gerlach and Ms. Donahue.			
2. PUBLIC COMMENT SECTION		<i>Boerum</i>			;
3. CONSENT CALENDAR		<i>Boerum</i>			
a. Finance Committee Minutes 06.22.21				MOTION: by Mishra to approve, 2 nd by Gerlach. All in favor.	
4. AUDIT UPDATE		<i>Jensen</i>			
		Mr. Jensen said that the control testing for the audit has been done. The physical audit will begin in the middle of August. Ms. Dungan said the auditors will simultaneously be doing the government CAIRS ACT audit as well.			

	Mr. Boerum said that there will be two new audit committee members presented to the Board in August for approval.		
5. FOURTH QUARTER CAPITAL SPENDING	<i>Boerum</i>		
	Ms. Dungan reviewed the capital spending plan for the fourth quarter spending for FY21. For FY21 the total capital asset spend was \$429,504. The committee discussed how much capital spending should be done and how it should be focused.		
6. ADMINISTRATIVE REPORT FOR JULY 2021			
	Mr. Jensen spoke in Mr. Hennelly's absence. He reported that the CT is expected to go live in mid-August. The MRI project and construction discussion continues with the contractors. There was a quarterly meeting with UCSF and it included the discussion about telemedicine expansion.		
7. FINANCIAL REPORT FOR MONTH ENDED June 30, 2020	<i>Jensen</i>		
	Mr. Jensen discussed patient volumes and the payer mix for the month of June 2021. The cash collection goal was \$3.6 million, and the hospital collected \$4.2 million. The fiscal year 2021 goal was \$37.9 million, and the hospital collected \$38.7 million, over goal by \$764,986. Days' cash on hand were 44.6, A/R days were 39.3, A/P were \$3.5 million, and A/P days were 48.4. 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.		

	<p>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).</p> <p>Operating Expenses of \$4,429,691 were favorable to budget by \$203,717.</p> <p>After accounting for all other activity, the net income for June was \$358,087 vs. the budgeted net income of \$379,611.</p>		
8. BOND REFINANCING UPDATE	<i>Boerum</i>		
	Mr. Boerum spoke about the Board approval of the Debt Management Policy as well as the Bond Resolution. The closing is expected for August 5, 2021.		
9. ADJOURN	<i>Boerum</i>		
	Meeting adjourned at 5:50 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
July 14, 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 via Zoom Andrew Solomon, MD via Zoom		Sabrina Kidd, MD, CMO, via Zoom Mark Kobe, CNO, via Zoom John Hennelly, CEO, via Zoom Philip Brown via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5:00 pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	
<ul style="list-style-type: none"> QC Minutes, 05.26.21 		MOTION: by Eisenstark to approve, 2 nd by Kornblatt Idell. All in favor.
4. QUALITY COMMITTEE WORK PLAN FOR 2021	<i>Kidd</i>	
	Dr. Kidd explained recent format changes for the Quality Committee meetings and the development of the work plan for the remainder of 2021. Guest speakers on different topics have been added each month. Infection control will be added next year some time.	MOTION: by Kornblatt Idell to approve the work plan, 2 nd by Eisenstark. All in favor.
5. DEPARTMENT PI PROJECT: ED MANAGEMENT OF SEPSIS	<i>Schmidt/Brown</i>	
	Dr. Jasper Schmidt introduced the topic and Mr. Philip Brown, ED Director, presented the sepsis action items and reviewed the metrics. Committee members are asked to let Dr. Kidd know if you have any requests for additional information.	

AGENDA ITEM	DISCUSSION	ACTION
6. QUALITY PERFORMANCE INDICATORS/ SCORECARD REVIEW FOR MAY 2021	<i>Kidd</i>	
	Dr. Kidd explained the newly reformatted quality performance indicators and discussed the May 2021 data.	
7. PATIENT CARE SERVICES DASHBOARD FOR 2ND QUARTER 2021	<i>Kobe</i>	
	Mr. Kobe reviewed the patient care services dashboard, which are areas over which nursing has direct control. Since some of these metrics are now being reported in the Quality Performance Indicators item above, he may add a couple of new metrics to his report.	
8. POLICIES AND PROCEDURES		
	<p>Dr. Mainardi spoke with the Board Chair, and it was requested that the Quality Committee take responsibility for review and approval of policies and procedures in some way. This subject will be reviewed at the August 4th Board Retreat.</p> <p>Mr. Kobe explained the retirement of the Aggressive Behavior Management policy since this one was for the physician clinic offices and it is now covered in the general hospital policy on aggressive behavior.</p> <p>Ms. Sheets had found the charter language regarding review and approval of policies confusing. Dr. Kidd agreed that was the question at hand – exactly how that is implemented. Each policy has an owner, author, and several reviewers, then goes through several committees before going to Quality and the Board. Most have a three-year review cycle, but some are reviewed every year. Many policies that are found to be duplicative are being retired.</p> <p>Going forward this item will be an “action” item again.</p>	
9. CLOSED SESSION		
	The closed session was removed from the agenda since there was no Medical Staff Credentialing to review.	
10. REPORT OF CLOSED SESSION	<i>Mainardi</i>	
	No report.	
11. ADJOURN	<i>Mainardi</i>	
	6:21 pm	

Document Tasks by Committee

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

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)
Run date: 08/23/2021 3:06 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: 34

Committee: 09 BOD-Board of Directors

Committee Members: Finn, Stacey (sfinn), Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
24 Hour Cardiac Monitor Scanning <i>Cardio Dept</i>	Pending Approval	8/23/2021	0
<p>Summary Of Changes: Policy reviewed, updated directors title. No content changes made.</p> <p>Please retire this policy. We do not perform this test</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)</p> <p>Approvers: Kuwahara, Dawn (dkuwahara) -> 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>			
Accountability and Responsibility GL8750-101 <i>Case Management/UM Dept</i>	Pending Approval	8/23/2021	0
<p>Summary Of Changes: Added:Monday through Friday. . Behavioral/Mental Health consultations with a medical staff member or contracted psychiatrist/psychologist/LCSW are initiated by the ordering physician.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Jones, Danielle (djones)</p> <p>Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Aerosol Therapy Indications Policy <i>Respiratory Therapy Dept</i>	Pending Approval	8/23/2021	0
<p>Summary Of Changes: Reviewed. Recommend retiring; it is not clear what this policy is trying to say - but Indications for Aerosol Therapy is covered in EBSCO Dynamic health</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Winkler, Jessica (jwinkler)</p> <p>Approvers: Medical Director-Respiratory Therapy -> 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: Finn, Stacey (sfinn)

Run date: 08/23/2021 3:06 PM

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

Aggressive Behavior Management <i>Ancillary Services Dept Policies</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Retire--use organizational policy and competency (Workplace Violence #xxxxxxx)		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kuwahara, Dawn (dkuwahara)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
AIDET-Patient Relations Protocols 8440-01 <i>EVS Dept Policies</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Retire, follow organizational protocol. Reviewed policy and made minor grammar corrections.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Drummond, Kimberly (kdrummond)		
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Ambient Breathing (A.B.) Treatments <i>Respiratory Therapy Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed. Recommend retiring, same information available on EBSCO Dynamic Health ("Aerosol Therapy")		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Winkler, Jessica (jwinkler)		
Approvers:	Medical Director-Respiratory Therapy -> 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)		
Cardiac Exercise Test (Treadmill) <i>Cardio Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	No changes to content		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 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)		
Care Transitions Program Post Discharge Phone Calls DS8750- 124 <i>Case Management/UM Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Retire. This policy was part of the PRIME grant that ends December 31, 2020. It may be that it is reinstated in another format in 2021.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Jones, Danielle (djones)		
Approvers:	Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Central Venous Pressure Monitoring <i>ICU Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed, Recommend retiring in favor of EBSCO Dynamic Health.		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 08/23/2021 3:06 PM

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

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Winkler, Jessica (jwinkler)**
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Clinical Practice Guidelines	Pending Approval	8/23/2021	0
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **Reviewed, no changes except that it was revised to meet current formatting guidelines.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Kidd, Sabrina (skidd)**
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Continuity of Operations Plan (COOP)	Pending Approval	8/23/2021	0
<i>Emergency Preparedness Policies (EP)</i>			

Summary Of Changes: **No Changes to current policy**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Kobe, Mark (mkobe)**
 ExpertReviewers: **Finn, Stacey (sfinn)**
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Discharge from the Intensive Care Unit	Pending Approval	8/23/2021	0
<i>ICU Dept</i>			

Summary Of Changes: **Reviewed. Recommend retiring in favor of EBSCO Dynamic Health**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Winkler, Jessica (jwinkler)**
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Discharge Referral Process for Home Care DC8750- 107	Pending Approval	8/23/2021	0
<i>Case Management/UM Dept</i>			

Summary Of Changes: **Updated for electronic exchanges of information; added documents that need to be sent; changed the name to reflect all potential discharge referrals and added details for each referral process.**

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

Emergency Department Nursing Protocols	Pending Approval	8/23/2021	0
<i>Nursing Services Policies (NS)</i>			

Summary Of Changes: **Very minimal punctuation changes**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Kobe, Mark (mkobe)**
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 08/23/2021 3:06 PM

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

Emergency Operations Plan	Pending Approval	8/23/2021	0
<i>Emergency Preparedness Policies (EP)</i>			
Summary Of Changes:	Air Quality standards as measured by Purple Air added		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kobe, Mark (mkobe)		
ExpertReviewers:	Finn, Stacey (sfinn)		
Approvers:	Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Hospital Evacuation During Disaster	Pending Approval	8/23/2021	0
<i>Emergency Preparedness Policies (EP)</i>			
Summary Of Changes:	Updated. Added Appendix A which is a document to instruct staff what to put together for the patient in the event of mandatory evacuation. Medical record information, contact information, medications for the transport of the patient to another facility		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kobe, Mark (mkobe)		
ExpertReviewers:	Finn, Stacey (sfinn)		
Approvers:	Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Intravenous Management	Pending Approval	8/23/2021	0
<i>ICU Dept</i>			
Summary Of Changes:	Reviewed. Recommend retiring in favor of EBSCO Dynamic Health.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Winkler, Jessica (jwinkler)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Mechanical Ventilation Management	Pending Approval	8/23/2021	0
<i>ICU Dept</i>			
Summary Of Changes:	Reviewed; Recommend retiring in favor of EBSCO Dynamic Health		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Winkler, Jessica (jwinkler)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Nursing Services Education Plan	Pending Approval	8/23/2021	0
<i>Nursing Services Policies (NS)</i>			
Summary Of Changes:	Updated to reflect current department status eliminating references to Skilled Nursing Unit and Home Care. Deleted reference to non-existent bonus program for certification.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kobe, Mark (mkobe)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 08/23/2021 3:06 PM

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

Orientation, Case Manager <i>Case Management/UM Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Recommend Retirement--redundant		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Jones, Danielle (djones)		
Approvers:	Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Oxygen Therapy Policy <i>Respiratory Therapy Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed. Recommend retiring in favor of EBSCO Dynamic Health ("Oxygen Therapy")		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Winkler, Jessica (jwinkler)		
Approvers:	Medical Director-Respiratory Therapy -> 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)		
Patient Resuscitation Code Status <i>Targeted Quality & Safety Initiatives Policies (QS)</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Updated language to match order set language and definitions of code types.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kidd, Sabrina (skidd)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Patient's Rights to Access Protective Services <i>Patient Rights Policies (PR)</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Jones, Danielle (djones), Kidd, Sabrina (skidd)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Pregnant and Breastfeeding Healthcare Workers, Guidelines for <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	added covid, changed some basic wording issues, defined acronyms		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Montecino, Stephanie (smontecino)		
Approvers:	Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Protective and Advocacy Services PR8750 -120 <i>Case Management/UM Dept</i>	Pending Approval	8/23/2021	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

Run date: 08/23/2021 3:06 PM

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

Summary Of Changes: **Spoke to Social Worker Updating and Maintaining Resource List**

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

Lead Authors: **Jones, Danielle (djones)**

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

Sputum Collection/Induction <i>Respiratory Therapy Dept</i>	Pending Approval	8/23/2021	0
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Summary Of Changes: **Reviewed. Recommend retiring. It is outdated and EBSCO Dynamic health has it covered.**

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

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

Approvers: **Medical Director-Respiratory Therapy -> 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)**

Standard Employer Service Rate <i>Ancillary Services Dept Policies</i>	Pending Approval	8/23/2021	0
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Summary Of Changes: **Reviewed, no changes**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara)**

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

Suctioning Patients in the Intensive Care Unit Patients <i>ICU Dept</i>	Pending Approval	8/23/2021	0
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Summary Of Changes: **Reviewed. Recommend retiring in favor of EBSCO Dynamic Health**

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

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

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

Tracheal Tube Cuff Management <i>Respiratory Therapy Dept</i>	Pending Approval	8/23/2021	0
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Summary Of Changes: **Reviewed. Recommend retiring. Same information, (updated) is available on EBSCO Dynamic Health.**

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

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

Approvers: **Medical Director-Respiratory Therapy -> 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)**

Tracheostomy Care <i>ICU Dept</i>	Pending Approval	8/23/2021	0
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Summary Of Changes: **Reviewed. Recommend retiring in favor of EBSCO Dynamic Health**

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

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

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

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)

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

Run date: 08/23/2021 3:06 PM

Tracheostomy Suction Procedure <i>Respiratory Therapy Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed. Recommend retiring. Same information (updated) is in EBSCO Dynamic Health		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Winkler, Jessica (jwinkler)		
Approvers:	Medical Director-Respiratory Therapy -> 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)		
Transfer of Patients from Acute Units to SNF or Other Long Term Care Facilities <i>Discharge Planning (DP)</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Retire this policy--it is a step-by-step procedural guide		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Jones, Danielle (djones)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Transvenous Pacing <i>ICU Dept</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed. Recommend retiring. We do not do this at SVH, and if we randomly needed to EBSCO Dynamic Health has it covered in depth		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Winkler, Jessica (jwinkler)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Withdrawal of Life Sustaining Treatment <i>Patient Rights Policies (PR)</i>	Pending Approval	8/23/2021	0
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kidd, Sabrina (skidd)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		



To: SVHCD Board of Directors
From: Andrew Solomon, MD Chief of Staff
Meeting Date: September 2, 2021
Subject: Chief of Staff Report

CURRENT MEDICAL STAFF BY THE NUMBERS:

Total Medical Staff: 154
 Active Medical Staff: 50 (Up from 15 last report)
 New Medical Staff:

- Stephen Abedon, MD Radiology
- Eleonor Griffith, DO Hospitalist
- Sonali Joshi, MD Anesthesia
- Steven Kwong, MD Radiology
- Nacheiketa Gupta, MD Emergency Medicine
- Newly Retired Medical Staff: None

MEDICAL STAFF QUALITY:

ED Rate My Hospital:

May-July 2021

How Would You Rate the Courtesy of your Doctor: 4.7/5

How would you rate the time your doctor spent with you: 4.55/5

HCAHPS COMMUNICATION WITH DOCTORS:

FEB-JULY 2021

					All DB N = 2476	Small PG DB N = 933	AHA 9 & 50- Beds N = 18	CA Peer Group N = 126
		Your Top Box Score						
Domains and Questions	n	Previous % Feb-Apr	Current % May-Jul		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Comm w/ Doctors	36	81.1%	63.4%	▼	1	1	1	1
Doctors treat with courtesy/respect	35	86.7%	68.6%	▼	1	1	1	1
Doctors listen carefully to you	35	80.0%	62.9%	▼	2	2	3	2
Doctors expl in way you understand	34	76.7%	58.8%	▼	1	2	1	1

YEAR TO YEAR COMPARISON

Med/Surg					All DB N = 2476	Small PG DB N = 933	AHA 9 & 50- Beds N = 18	CA Peer Group N = 126
		Your Top Box Score						
Domains and Questions	n	Previous % Aug 19-Jul 20	Current % Aug 20-Jul 21		Percentile Rank	Percentile Rank	Percentile Rank	Percentile Rank
Comm w/ Doctors	104	76.2%	78.0%	▲	37	28	16	37
Doctors treat with courtesy/respect	102	81.6%	84.3%	▲	36	28	8	42
Doctors listen carefully to you	102	74.3%	75.5%	▲	33	26	17	32
Doctors expl in way you understand	101	72.7%	74.3%	▲	46	36	33	40

Quality initiatives:

- ED Sepsis Bundle – The goal is to improve the standard of care for sepsis through the best practice with CMS core measures.
- Hospitalist, patient satisfaction scores – Work is being done with Benchmark and hospital leadership to improve scores. This includes improvement with physician, nurse, medication and discharge communication.
- Implementation of American Heart Association guidelines in the ED – This will create a national database by October 2021, which meets regulatory standards for acute stroke reading certification.

MEDICAL STAFF MEETINGS:

New Officers (August 2021-July 2023):

Chief of Staff: Andrew Solomon

Vice-Chief of Staff: Ako Walther

Chair of Surgery: Alexis Alexandridis

Vice-Chair of Surgery: Paul Amara

Chair of Medicine: Jasper Schmidt

Vice-Chair of Medicine: Dennis Verducci

MEDICAL STAFF NEEDS / CONCERNS:

Resurgence of Covid is clearly a concern for all.

Surgery- Outpatient infusions have been moved from the 3rd floor to the PACU due to regulatory concerns.

The new case management system did not work. Communication between the medical staff and the administration prior to adopting this system was lacking.

We have lost our chief quality officer and are actively looking for a replacement.

SUMMARY: OVERALL STATE OF SVH Medical Staff:

Overall satisfaction with the hospital is high, but times are definitely trying given the resurgence of Covid and the smoke-filled skies.



To: SVHCD Board of Directors
From: Michael Mainardi, Board Member & Chair of Quality Committee
Meeting Date: September 2, 2021
Subject: Quality Committee Role in Policies and Procedures

1. As background the committee is an extension of the Board of Directors and under its jurisdiction. The Board decides on the purview of the committee when reviewing items on the agenda.
2. It is the decision of the Board that Policies and Procedures will be listed as an inform item and not require approval. Our Quality Charter also states that the committee only review and not approve.
3. The Policy and Procedure review is for educational purposes allowing the committee to see what parameters are in place for patient safety. All policy and procedures not related to patient safety will no longer be on our agenda. The policy has been written or revised by the hospital staff member or members with the most knowledge of the reasons for its existence and approved by one or several hospital committees before arriving at Quality.
4. Although the Board welcomes comments from the committee on policy and procedure, any request beyond a typo or punctuation mistake that requires a change in wording or intent to the policy will require a full vote of the voting members before passing to the policy maker.
5. Upon receipt the policy maker has the choice to incorporate the recommendation into the policy or procedure or disregard it. If the policy or procedure is changed, the revised policy will then be brought back to the committee for review. If the policy maker chooses not to incorporate the committee's recommendation, it still will be forwarded to the Board as part of the approval package and will include a description of the Quality Committee's requested and rejected modifications (only when substantive) and a rationale for why it was not accepted. The Board then has the final say as to incorporating the committee's recommendation or following the policy maker's decision.



Meeting Date: September 2, 2021

Prepared by: Ken Jensen, CFO

Agenda Item Title: Resolution No. 361 - Setting the Tax Rate for the 2021-22 Fiscal Year for GO Bonds

Recommendation:

The Finance Committee recommends to the District Board the approval of the General Obligation Bonds tax rate of \$20.30 per \$100,000 of the assessed value of the secured property in the District.

Background and Reasoning:

This is consistent with prior year resolutions. The total assessed value of the secured property in the District is \$11,479,411,999. The tax required to assure payment of the principle, interest, and reasonable reserve for the Bonds for Fiscal Year 2021-2022 is \$2,333,333. The rate, calculated per the Sonoma County's approved formula is \$20.30 per \$100,000 of assessed valuation.

Consequences of Negative Action/Alternative Actions:

Without the resolution, the County is directed to apply the most recently provided tax rate.

Financial Impact:

The resolution will instruct the County to collect the General Obligation Bond tax to be paid to the bond holders.

Selection Process and Contract History:

The Hospital has done similar resolutions in the past.

Board Committee:

Finance

Attachments:

Resolution No. 361

SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION No. 361

**RESOLUTION SETTING THE TAX RATE FOR THE 2021-22 FISCAL YEAR
FOR THE PAYMENT OF PRINCIPAL AND INTEREST ON THE SONOMA
VALLEY HEALTH CARE DISTRICT (SONOMA COUNTY, CALIFORNIA)
GENERAL OBLIGATION BONDS, ELECTION OF 2008**

WHEREAS, by resolution, adopted by the Board of Directors (the "Board") of the Sonoma Valley Health Care District (the "District") on August 6, 2008, the Board determined and declared that public interest and necessity demanded the need to raise moneys for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District (the "Project"), and the Board called an election to be held within the boundaries of the District in accordance with the California Elections Code;

WHEREAS, a special municipal election was held in the District on November 4, 2008 and thereafter canvassed pursuant to law;

WHEREAS, an election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for the purpose of raising money for the Project in the maximum aggregate principal amount of \$35,000,000, payable from the levy of an *ad valorem* tax against all taxable property in the District;

WHEREAS, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

WHEREAS, the District sold, on January 27, 2009, an initial series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$12,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series A (2009)" (the "2009 Bonds"); and

WHEREAS, the District sold, on August 1, 2010, an additional series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$23,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series B (2010)" (the "2010 Bonds"); and

WHEREAS, the District sold, on January 28, 2014, a refunding series of bonds for the purpose of refunding the 2009 Bonds in the aggregate principal amount of \$12,437,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2014 General Obligation Refunding Bonds" (the "2014 Bonds"); and

WHEREAS, the District sold, on July 28, 2021, a refunding series of bonds for the purpose of refunding the 2010 Bonds in the aggregate principal amount of \$15,825,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2021 General Obligation Refunding Bonds" (the "2021 Bonds" and together with the 2014 Bonds, the "Bonds"); and

WHEREAS, Sonoma County (the "County") has requested that the District provide to the County the tax rate required for Fiscal Year 2021-22 to pay principal and interest on the Bonds and to provide a reasonable reserve;

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTH CARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. Recitals. All of the recitals herein are true and correct. To the extent that the recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made thereby.

Section 2. Tax Rate; Remittance.

(a) Based upon the County's estimate of assessed valuation of all secured property in the District (\$11,479,411,999) the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2021-22 is \$20.30 per \$100,000 of assessed valuation. It is the intent of the District to provide to the County, by resolution, the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2021-22 and each Fiscal Year thereafter, so long as the Bonds remain outstanding. However, in the event the District fails to provide a tax rate in any year, the County is directed to apply the most recently provided tax rate in such year.

(b) The District hereby delegates to the County Board of Supervisors the authority to annually levy and collect the annual *ad valorem* property taxes required for the payment of the principal of and interest on the Bonds.

(c) The District hereby requests that such amounts, as collected, be remitted directly to The Bank of New York Mellon Trust Company, N.A., the District's paying agent for the Bonds.

Section 3. Request for Necessary County Actions. The County Board of Supervisors and the County Auditor-Controller-Treasurer-Tax Collector, and other officials of the County, are hereby directed to take whatever action that may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District at the tax rate specified in Section 2(a) above.

Section 4. General Authority. The Chair, the Secretary, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps which they or any of them might deem necessary or appropriate in order to give effect to this resolution.

Section 5. Effective Date. This resolution shall take effect immediately on and after its adoption.

* * * * *

PASSED AND ADOPTED this 2nd day of September 2021, by the following vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

Joshua M. Rymer
Chair, Board of Directors
Sonoma Valley Health Care District

ATTEST:

Judith Bjorndal
Secretary, Board of Directors
Sonoma Valley Health Care District

EXHIBIT A

Payment Date	Principal	Interest	Total
February 1, 2022 (2021)	-	138,486	138,486
February 1, 2022 (2014)	-	171,310	171,310
August 1, 2022 (2021)	1,415,000	141,634	1,556,634
August 1, 2022 (2014)	744,000	171,310	915,310

Amount Needed for 2022 Debt Service 2,781,740

County Collection Fee (Sect 29142) 0.0025 6,954

Adjustment to Paying Agent reserve (371,470)

Amount Needed -- To be paid by 2021-22 Property Taxes 2,417,224 **A**

Assessed Value - Unsecured 302,271,502 **B1**

95% of Unsecured Assessed Value 287,157,927 **B2 = .95xB1**

Prior Year Rate 0.029% **B3**

Paid by Assessment on Unsecured Property 83,891 **B = B2xB3**

Remaining Amount Needed **2,333,333.17** **C=A-B**

Assessed Value - Secured + Utility 11,436,284,662 **D1**

Assessed Value - "HOPTR" 43,127,337 **D2**

Assessed Value - Total 11,479,411,999 **D = D1+D2**

Tax Rate Calculation 0.000203 **E = C/D**

Tax Rate per \$100 of Assessed Value 0.0203 **F = Ex100**

Tax Rate Adjustment Factor 0.0% **G**

Tax Rate Adjustment - **H = FxG**

Tax Rate on Secured Property, as reflected on tax bill (per \$100 of AV) **0.0203** **I = F+H**

Tax Rate as reflected in Board Resolution (per \$100,000 of AV) **20.30** **= 1000 x I**

	2014	B Series	Total
Debt Service	\$ 1,086,620	\$ 1,695,120	\$ 2,781,740
Adjustment Factor - 0%	-	-	-
	<u>\$ 1,086,620</u>	<u>\$ 1,695,120</u>	<u>\$ 2,781,740</u>

	Total District Assessed Value	
	Assumed	Actual
FY 2018	9,448,733,253	
FY 2019	9,944,701,074	
FY 2020	10,552,740,965	
FY 2021	11,041,944,276	
FY 2022	11,479,411,999	
Increase	-3.81%	-100.00%

Note: County of Sonoma supplied assessed value information.
Format for calculations prepared by SVH Controller.



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: September 2, 2021
Subject: CMO Report

August Highlights Included:

1. COVID-19:
 - a. August saw a small, but steady stream of COVID-19 cases in our ED and inpatient ward.
 - b. We are seeing early signs of possible supply shortages, but are not experiencing any critical shortages at SVH currently.
 - c. Multiple new health orders:
 - i. All Healthcare Providers must be vaccinated by September 30th unless granted a medical or religious exemption. If granted an exemption they must undergo at least twice weekly testing while working. The SVH policy regarding vaccination mirrors this, but with a September 1 deadline to be vaccinated or submit an exemption request.
 - ii. All hospital visitors (temporary exemption for end of life / critical situations) must show proof of full vaccination or a negative test within 72 hours of EACH visit to enter the hospital.
 - d. Vaccines:
 - i. The Pfizer vaccine received FULL FDA approval on 8-23-2021.
 - ii. SVH is now offering vaccinations for patients who are unvaccinated or partially vaccinated and on site for another service (ED, Inpatient, Occupational Health, Wound Care, and Sonoma Family Practice).
 - iii. We are closely watching the recommendations and approval for a third shot / “booster” vaccine for the general public 8 months after their initial series. More information on this is expected throughout the month of September.
 - iv. Those who meet the CDC criteria for moderately or severely immunocompromised state and are currently eligible for a third shot of Pfizer or Moderna at least 28 days after their initial series are encouraged to contract their healthcare provider to discuss this option.

2. Med-Surg / ICU / Surgery / ED Updates:
 - a. Case Management: We plan to transition from virtual (remote) case management to on-site case management throughout the month of September.
 - b. We have hired a temporary social worker to fill the gap until our permanent one begins in January 2022.
3. Medical Staff:
 - a. August meetings included PI/PT, MEC
4. Quality:
 - a. Reportable Events: None
 - b. We are now recruiting for a new Director of Quality and Dr. Kidd is serving the interim role.
 - c. We submitted a Plan of Corrections to CDPH regarding two deficiencies identified around central sterile staff competencies and infection prevention oversight of the Medivator (endoscope processor) room. The corrective actions were undertaken prior to receiving the letter of deficiencies.
5. Disaster Preparations:
 - a. Internal disaster drill (evacuation) has been moved to September 22, 2021.
 - b. Air Quality / Wild Fires: We are monitoring the air quality inside and outside the hospital daily due to wild fire smoke. We continue with entrance control measures and have air scrubbers available to mitigate the air quality as indicated.



To: Board of Directors
From: Bill Boerum, Board Member & Governance Committee Chair
Meeting Date: September 2, 2021
Subject: Edit of Governance Charter Regarding Community Member

Background:

With District Board approval for changes to the Committee Charter and effective Nov. 7, 2019, membership of the Committee can include one member from the Community. On page 2 of the Charter under Committee Structure and Membership, the text reads:

...The GC may have one member from the community, subject to approval by the Board of Directors...

However, later in the document (page 4), under GC Membership, the text reads:

The GC shall have 2 members, normally the Board Chair and the Board Secretary...

Recommendation:

Given the intent of the Board as changed under “Committee Structure and Membership” above, it is recommended that the later reference be corrected to the following:

The GC shall have **3** members, normally the Board Chair and the Board Secretary, plus the Community Member.



To: SVHCD Board of Directors
From: John Hennelly
Date: 09.02.21
Subject: Administrative Report

Summary: July and August have seen strong volumes throughout the hospital. Surgery continues to be particularly busy. Covid remains the biggest focus around the hospital. Community positivity rates are on the rise. The hospital has expanded testing of patients. Vaccination will be required of all staff and medical staff effective 9/30 unless they have been granted an exemption. The Outpatient Diagnostic Center project CT phase is near completion.

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 complete. The selected candidate will be joining the organization in early September. ➤ 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. The modifications are expected to be completed in the coming weeks. ➤ Phase 2 of the project continues to be under review. ➤ Engagement continues with community groups and community members. ➤ The hospital continues to provide guidance to our community regarding Covid guidelines. The hospital partnered with La Luz to support them after a key fundraiser resulted in concerns about Covid infections.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ The front entrance to the hospital has been reopened as an access point for patients and visitors. The entrance is staffed to provide stringent access control insuring compliance with Covid regulations. ➤ The team continues to review possible electronic health record (EHR) solutions. A recommendation should be presented to the Board in October.
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. ➤ 93% of our employees and 99% of our medical staff have chosen to be vaccinated. Vaccination will be required as a condition of employment as of 9/30. There are medical and religious exemptions.



Healing Here at Home

To: SVH Finance Committee
From: Ken Jensen, CFO
Date: August 24, 2021
Subject: Financial Report for the Month Ending July 31, 2021

During the month of July the hospital experienced higher than budgeted outpatient services and emergency room visits and lower than expected inpatient volumes. For the month of July the hospital's actual operating margin of (\$630,496) was \$487,529 favorable to the budgeted operating margin of (\$1,118,025). After accounting for all other activity; the net loss for July was (\$65,117) vs. the budgeted net loss of (\$84,874) with a monthly EBDA of -2.0% vs. a budgeted -16.6%.

Gross patient revenue for July was \$24,790,164; \$4,422,687 over budget. Inpatient gross revenue was under budget by (\$802,490). Inpatient days were under budget by (37) days and inpatient surgeries were at budget at 15 cases. Outpatient gross revenue was over budget by \$3,173,336. Outpatient visits were over budget by 68 visits, outpatient surgeries were over budget by 29 cases, and special procedures were over budget by 29 cases. The Emergency Room gross revenue was over budget by \$2,051,841 with ER visits over budgeted expectations by 188 visits.

Deductions from revenue were unfavorable to budgeted expectations by (\$3,605,688) due to higher gross revenue than budgeted.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$800,341.

Operating Expenses of \$4,724,618 were unfavorable to budget by (\$312,812). Salaries and wages and agency fees were over budget by (\$59,317) due to higher outpatient and emergency room volumes. Professional fees were over budget by (\$24,452) due to Human Resources legal costs. Supplies are over budget by (\$100,566) due to higher supply costs in surgery (\$62,349) from higher outpatient surgeries and in the lab (\$45,409) due to increased COVID testing. Purchased services are over budget by (\$64,433) due to outsourcing COVID testing to UCSF when lab equipment went down (\$18,419) and in IT by (\$41,019). Utilities are over budget by (\$24,168) due to higher than average electrical usage; plant operations are reviewing and this could be related to ongoing construction at the hospital.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for July was (\$329,152) vs. a budgeted net loss of (\$800,382). In the month of July the hospital received \$121,954 in donations from the Sonoma Valley Hospital Foundation primarily for



the ODC construction costs. The total net loss for July after all activity was (\$65,117) vs. a budgeted net loss of (\$84,874).

EBDA for the month of July was -2.0% vs. the budgeted -16.6%.

Patient Volumes – July

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	69	59	10	75
Acute Patient Days	221	258	-37	324
Observation Days	31	0	31	20
OP Gross Revenue	\$19,644	\$14,419	\$5,225	\$15,573
Surgical Cases	130	101	29	115

Gross Revenue Overall Payer Mix – July

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	38.4%	39.7%	-1.3%	38.4%	39.7%	-1.3%
Medicare Mgd Care	16.4%	15.5%	0.9%	16.4%	15.5%	0.9%
Medi-Cal	15.8%	19.3%	-3.5%	15.8%	19.3%	-3.5%
Self Pay	1.6%	1.1%	0.5%	1.6%	1.1%	0.5%
Commercial	24.8%	21.4%	3.4%	24.8%	21.4%	3.4%
Workers Comp	3.0%	3.0%	0.0%	3.0%	3.0%	0.0%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for June:

For the month of July the cash collection goal was \$3,789,016 and the Hospital collected \$3,738,429 or under the goal by (\$50,587).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	58.8	44.6	14.2	73.0
Accounts Receivable Days	40.3	39.3	1.0	40.4
Accounts Payable	\$3,313,114	\$3,573,913	-\$260,799	\$2,298,513
Accounts Payable Days	40.4	48.4	-8.0	34.6

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 July 31, 2021

ATTACHMENT A

Gross Revenue:	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	9,493,798	8,070,659	1,423,139	17.6%	9,493,798	8,070,659	1,423,139	17.6%
Medicare Managed Care	4,074,608	3,144,036	930,572	29.6%	4,074,608	3,144,036	930,572	29.6%
Medi-Cal	3,912,366	3,932,428	-20,062	-0.5%	3,912,366	3,932,428	-20,062	-0.5%
Self Pay	401,192	219,045	182,147	83.2%	401,192	219,045	182,147	83.2%
Commercial & Other Government	6,158,309	4,389,398	1,768,911	40.3%	6,158,309	4,389,398	1,768,911	40.3%
Worker's Comp.	749,891	611,911	137,980	22.5%	749,891	611,911	137,980	22.5%
Total	24,790,164	20,367,477	4,422,687		24,790,164	20,367,477	4,422,687	

Net Revenue:	Actual				Budget			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,103,070	960,129	142,941	14.9%	1,103,070	960,129	142,941	14.9%
Medicare Managed Care	459,616	362,822	96,794	26.7%	459,616	362,822	96,794	26.7%
Medi-Cal	420,971	414,085	6,886	1.7%	420,971	414,085	6,886	1.7%
Self Pay	168,461	82,646	85,815	103.8%	168,461	82,646	85,815	103.8%
Commercial & Other Government	1,727,733	1,268,185	459,548	36.2%	1,727,733	1,268,185	459,548	36.2%
Worker's Comp.	138,280	113,265	25,015	22.1%	138,280	113,265	25,015	22.1%
Prior Period Adj./IGT	-	-	-	*	-	-	-	*
Total	4,018,131	3,201,132	816,999	25.5%	4,018,131	3,201,132	816,999	25.5%

Percent of Net Revenue:	Actual				Budget			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	27.5%	30.0%	-2.5%	-8.3%	27.5%	30.0%	-2.6%	-8.7%
Medicare Managed Care	11.4%	11.3%	0.1%	0.9%	11.4%	11.3%	0.1%	0.9%
Medi-Cal	10.5%	12.9%	-2.4%	-18.6%	10.5%	12.9%	-2.4%	-18.6%
Self Pay	4.2%	2.6%	1.6%	61.5%	4.2%	2.6%	1.6%	61.5%
Commercial & Other Government	43.0%	39.7%	3.3%	8.3%	43.0%	39.7%	3.3%	8.3%
Worker's Comp.	3.4%	3.5%	-0.1%	-2.9%	3.4%	3.5%	-0.1%	-2.9%
Prior Period Adj./IGT	0.0%	0.0%	0.0%	*	0.0%	0.0%	0.0%	*
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

Projected Collection Percentage:	Actual				Budget			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11.6%	11.9%	-0.3%	-2.5%	11.6%	11.9%	-0.3%	-2.5%
Medicare Managed Care	11.3%	11.5%	-0.2%	-1.7%	11.3%	11.5%	-0.2%	-1.7%
Medi-Cal	10.8%	10.5%	0.3%	2.9%	10.8%	10.5%	0.3%	2.9%
Self Pay	42.0%	37.7%	4.3%	11.4%	42.0%	37.7%	4.3%	11.4%
Commercial & Other Government	28.1%	28.9%	-0.8%	-2.8%	28.1%	28.9%	-0.8%	-2.8%
Worker's Comp.	18.4%	18.5%	-0.1%	-0.5%	18.4%	18.5%	-0.1%	-0.5%

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

ATTACHMENT B

CURRENT MONTH					YEAR-TO-DATE			YTD
	Actual	Budget	Favorable		Actual	Budget	Favorable	Prior
	07/31/21	07/31/21	(Unfavorable)		07/31/21	07/31/21	(Unfavorable)	Year
			Variance				Variance	07/31/20
Inpatient Utilization								
Discharges								
1	55	47	8	Med/Surg	55	47	8	62
2	14	12	2	ICU	14	12	2	13
3	69	59	10	Total Discharges	69	59	10	75
Patient Days:								
4	179	169	10	Med/Surg	179	169	10	221
5	42	89	(47)	ICU	42	89	(47)	103
6	221	258	(37)	Total Patient Days	221	258	(37)	324
7	31	-	31	Observation days	31	-	31	20
Average Length of Stay:								
8	3.3	3.6	(0.3)	Med/Surg	3.3	3.6	(0.3)	3.6
9	3.0	7.4	(4.4)	ICU	3.0	7.4	(4.4)	7.9
10	3.2	4.4	(1.2)	Avg. Length of Stay	3.2	4.4	(1.2)	4.3
Average Daily Census:								
11	5.8	5.5	0.3	Med/Surg	5.8	5.5	0.3	7.1
12	1.4	2.9	(1.5)	ICU	1.4	2.9	(1.5)	3.3
13	7.1	8.3	(1.2)	Avg. Daily Census	7.1	8.3	(1.2)	10.5
Other Utilization Statistics								
Emergency Room Statistics								
14	893	705	188	Total ER Visits	893	705	188	735
Outpatient Statistics:								
15	4,656	4,588	68	Total Outpatients Visits	4,656	4,588	68	4,124
16	15	15	-	IP Surgeries	15	15	-	17
17	115	86	29	OP Surgeries	115	86	29	98
18	67	38	29	Special Procedures	67	38	29	37
19	332	202	130	Adjusted Discharges	332	202	130	261
20	1,064	882	182	Adjusted Patient Days	1,064	882	182	1,127
21	34.3	28.5	5.9	Adj. Avg. Daily Census	34.3	28.5	5.9	36.3
22	1.3078	1.4000	(0.092)	Case Mix Index -Medicare	1.3078	1.4000	(0.092)	1.5505
23	1.3637	1.4000	(0.036)	Case Mix Index - All payers	1.3637	1.4000	(0.036)	1.5070
Labor Statistics								
24	202	201	(1)	FTE's - Worked	202	201	(0.6)	208
25	231	222	(9)	FTE's - Paid	231	222	(8.5)	230
26	44.19	44.37	0.18	Average Hourly Rate	44.19	44.37	0.18	46.56
27	6.73	7.82	1.09	FTE / Adj. Pat Day	6.73	7.82	1.09	6.33
28	38.4	44.6	6.2	Manhours / Adj. Pat Day	38.4	44.6	6.2	36.1
29	122.9	194.9	72.0	Manhours / Adj. Discharge	122.9	194.9	72.0	155.8
30	24.7%	25.0%	0.3%	Benefits % of Salaries	24.7%	25.0%	0.3%	20.0%
Non-Labor Statistics								
31	16.0%	17.0%	0.9%	Supply Expense % Net Revenue	16.0%	17.0%	0.9%	16.8%
32	1,937	2,691	754	Supply Exp. / Adj. Discharge	1,937	2,691	754	2,226
33	14,496	22,319	7,823	Total Expense / Adj. Discharge	14,496	22,319	7,823	17,381
Other Indicators								
34	54.6			Days Cash - Operating Funds				
35	40.3	50.0	(9.7)	Days in Net AR	40.3	50.0	(9.7)	40.4
36	99%			Collections % of Net Revenue	99%			151.9%
37	40.4	55.0	(14.6)	Days in Accounts Payable	40.4	55.0	(14.6)	51.0
38	16.2%	15.7%	0.5%	% Net revenue to Gross revenue	16.2%	15.7%	0.5%	15.8%
39	17.3%			% Net AR to Gross AR	17.3%			16.2%

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

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 2,242,111	\$ 4,044,067	\$ 1,469,443
2	Cash - Money Market	5,638,824	5,638,551	8,236,372
3	Net Patient Receivables	6,592,553	6,320,618	4,858,880
4	Allow Uncollect Accts	(1,477,415)	(1,440,050)	(932,384)
5	Net A/R	5,115,138	4,880,568	3,926,496
6	Other Accts/Notes Rec	1,818,190	1,698,726	149,027
7	Parcel Tax Receivable	3,800,000	3,964,000	3,800,000
8	GO Bond Tax Receivable	2,601,816	2,781,740	3,309,180
9	3rd Party Receivables, Net	10,905	10,905	192,029
10	Inventory	948,036	934,048	837,989
11	Prepaid Expenses	1,078,794	871,737	1,018,074
12	Total Current Assets	\$ 23,253,814	\$ 24,824,342	\$ 22,938,610
13	Property, Plant & Equip, Net	\$ 52,389,263	\$ 52,581,237	\$ 50,051,552
14	Trustee Funds - GO Bonds	6,115,089	5,935,165	5,528,299
15	Restricted Funds - Board Approved	1,000,000	1,000,000	-
16	Total Assets	\$ 82,758,166	\$ 84,340,744	\$ 78,518,461
Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 3,313,114	\$ 3,573,913	\$ 2,298,513
18	Accrued Compensation	3,648,969	4,380,361	3,360,927
19	Interest Payable - GO Bonds	538,371	448,640	572,571
20	Accrued Expenses	1,918,872	1,868,844	1,478,758
21	Advances From 3rd Parties	-	-	-
22	Deferred Parcel Tax Revenue	3,483,337	3,800,004	3,483,321
23	Deferred GO Bond Tax Revenue	2,549,933	2,781,745	3,033,420
24	Current Maturities-LTD	430,034	263,571	307,231
25	Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26	Other Liabilities	252,412	252,412	121,966
27	Total Current Liabilities	\$ 21,608,776	\$ 22,843,224	\$ 20,130,441
28	Long Term Debt, net current portion	\$ 26,819,927	\$ 27,102,940	\$ 28,652,966
29	Fund Balances:			
30	Unrestricted	\$ 18,989,953	\$ 19,177,024	\$ 19,657,543
31	Restricted	15,339,510	15,217,556	10,077,511
32	Total Fund Balances	\$ 34,329,463	\$ 34,394,580	\$ 29,735,054
33	Total Liabilities & Fund Balances	\$ 82,758,166	\$ 84,340,744	\$ 78,518,461

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

ATTACHMENT D

	Month			
	This Year		Variance	
	Actual		\$	%
1	69	59	10	17%
2	221	258	(37)	-14%
3	-	-	-	0%
4	\$ 19,644	\$ 14,419	\$ 5,225	36%
5	\$ 5,146,317	\$ 5,948,807	(802,490)	-13%
6	12,026,381	8,853,045	3,173,336	36%
7	7,617,466	5,565,625	2,051,841	37%
8	\$ 24,790,164	\$ 20,367,477	4,422,687	22%
9	(20,548,733)	(16,988,774)	(3,559,959)	-21%
10	(200,000)	(150,000)	(50,000)	-33%
11	(23,300)	(27,571)	4,271	15%
12	-	-	-	*
13	\$ (20,772,033)	\$ (17,166,345)	(3,605,688)	21%
14	\$ 4,018,131	\$ 3,201,132	816,999	26%
15	\$ 75,991	\$ 92,649	(16,658)	-18%
16	\$ 4,094,122	\$ 3,293,781	800,341	24%
17	\$ 1,803,453	\$ 1,744,136	(59,317)	-3%
18	701,974	668,957	(33,017)	-5%
19	\$ 2,505,427	\$ 2,413,093	(92,334)	-4%
20	\$ 535,448	\$ 510,996	(24,452)	-5%
21	643,402	542,836	(100,566)	-19%
22	468,891	404,458	(64,433)	-16%
23	247,025	252,880	5,855	2%
24	146,934	122,766	(24,168)	-20%
25	48,877	46,909	(1,968)	-4%
26	16,716	17,966	1,250	7%
27	111,898	99,902	(11,996)	-12%
28	-	-	-	*
29	\$ 4,724,618	\$ 4,411,806	(312,812)	-7%
30	\$ (630,496)	\$ (1,118,025)	487,529	44%

Volume Information

Acute Discharges
Patient Days
Observation Days
Gross O/P Revenue (000's)

Financial Results**Gross Patient Revenue**

Inpatient
Outpatient
Emergency

Total Gross Patient Revenue**Deductions from Revenue**

Contractual Discounts
Bad Debt
Charity Care Provision

Prior Period Adj/Government Program Revenue

Total Deductions from Revenue**Net Patient Service Revenue**

Other Op Rev & Electronic Health Records

Total Operating Revenue**Operating Expenses**

Salary and Wages and Agency Fees
Employee Benefits
Total People Cost
Med and Prof Fees (excl'd Agency)

Supplies

Purchased Services

Depreciation

Utilities

Insurance

Interest

Other

Matching Fees (Government Programs)

Operating expenses**Operating Margin**

Year-To- Date					YTD
This Year		Variance			
Actual	Budget	\$	%	Prior Year	
69	59	10	17%	75	
221	258	(37)	-14%	324	
-	-	-	*	20	
\$ 19,644	\$ 14,419	\$ 5,225	36%	\$ 15,548	
\$ 5,146,317	\$ 5,948,807	(802,490)	-13%	\$ 6,275,637	
12,026,381	8,853,045	3,173,336	36%	9,176,632	
7,617,466	5,565,625	2,051,841	37%	6,396,158	
\$ 24,790,164	\$ 20,367,477	4,422,687	22%	\$ 21,848,427	
\$ (20,548,733)	\$ (16,988,774)	(3,559,959)	-21%	\$ (18,214,126)	
(200,000)	(150,000)	(50,000)	-33%	(150,000)	
(23,300)	(27,571)	4,271	15%	(33,000)	
-	-	-	*	-	
\$ (20,772,033)	\$ (17,166,345)	(3,605,688)	21%	\$ (18,397,126)	
\$ 4,018,131	\$ 3,201,132	816,999	26%	\$ 3,451,301	
\$ 75,991	\$ 92,649	(16,658)	-18%	\$ 129,655	
\$ 4,094,122	\$ 3,293,781	\$ 800,341	24%	\$ 3,580,956	
\$ 1,803,453	\$ 1,744,136	(59,317)	-3%	\$ 1,891,655	
701,974	668,957	(33,017)	-5%	638,840	
\$ 2,505,427	\$ 2,413,093	(92,334)	-4%	\$ 2,530,495	
\$ 535,448	\$ 510,996	(24,452)	-5%	\$ 413,521	
643,402	542,836	(100,566)	-19%	580,568	
468,891	404,458	(64,433)	-16%	373,266	
247,025	252,880	5,855	2%	257,919	
146,934	122,766	(24,168)	-20%	118,409	
48,877	46,909	(1,968)	-4%	47,006	
16,716	17,966	1,250	7%	16,581	
111,898	99,902	(11,996)	-12%	100,064	
0	-	-	*	0	
\$ 4,724,618	\$ 4,411,806	(312,812)	-7%	\$ 4,437,829	
\$ (630,496)	\$ (1,118,025)	487,529	44%	\$ (856,873)	

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

ATTACHMENT D

Month						Year-To- Date				YTD	
This Year			Variance			This Year			Variance		Prior Year
Actual			\$		%	Actual	Budget	\$	%		
31	\$	(15,323)	\$	976	(16,299)	-1670%	Non Operating Rev and Expense				
32		-		-	-	0%	Miscellaneous Revenue/(Expenses)				
33		-		-	-	*	Donations				
34		316,667		316,667	-	0%	Physician Practice Support-Prima				
35		0		0	-	0%	Parcel Tax Assessment Rev				
36	\$	301,344	\$	317,643	(16,299)	-5%	Extraordinary Items				
							Total Non-Operating Rev/Exp				
37	\$	(329,152)	\$	(800,382)	471,230	-59%	Net Income / (Loss) prior to Restricted Contributions				
38	\$	-	\$	-	-	0%	Capital Campaign Contribution				
39	\$	121,954	\$	523,803	(401,849)	0%	Restricted Foundation Contributions				
40	\$	(207,198)	\$	(276,579)	69,381	-25%	Net Income / (Loss) w/ Restricted Contributions				
41		142,081		191,705	(49,624)	-26%	GO Bond Activity, Net				
42	\$	(65,117)	\$	(84,874)	19,757	-23%	Net Income/(Loss) w GO Bond Activity				
	\$	(82,127)	\$	(547,502)	465,375		EBDA - Not including Restricted Contributions				
		-2.0%		-16.6%							

* Operating Margin without Depreciation expense:

\$	(630,496)	\$	(1,118,025)	\$	487,529	44%
	247,025		252,880		5,855	2%
\$	(383,471)	\$	(865,145)	\$	493,384	56%

Operating Margin	
Add back Depreciation	
Operating Margin without Depreciation expense	

\$	(630,496)	\$	(1,118,025)	\$	487,529	44%
	247,025		252,880		5,855	2%
\$	(383,471)	\$	(865,145)	\$	493,384	56%

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

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	(59,317)	(59,317)	Salaries and wages are over budget by (\$16,475) and agency fees are over by (\$42,842) due to increased volumes in OP surgeries and ER visits.
Employee Benefits	(33,017)	(33,017)	PTO is over budget by (\$27,811) and employee benefits are over by (\$5,206).
Total People Cost	(92,334)	(92,334)	
Med and Prof Fees (excl Agency)	(24,452)	(24,452)	Professional fees are over budget due to Human Resources legal fees (\$30,839)
Supplies	(100,566)	(100,566)	Supplies are over in surgery due to higher than expected OP surgeries and in lab due to higher than expected COVID testing.
Purchased Services	(64,433)	(64,433)	Purchased services are over in the lab (\$18,419) due to outsourcing COVID tests to UCSF while lab equipment was down and in IT (\$41,019).
Depreciation	5,855	5,855	
Utilities	(24,168)	(24,168)	Utilities are higher than budgeted due to increased usage in July.
Insurance	(1,968)	(1,968)	
Interest	1,250	1,250	
Other	(11,996)	(11,996)	
Matching Fees (Government Programs)	-	-	
Operating expenses	(312,812)	(312,812)	

Sonoma Valley Hospital
Cash Forecast
FY 2022

ATTACHMENT F

	Actual July	Forecast Aug	Forecast Sept	Forecast Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	3,768,614	3,480,984	3,349,418	3,560,232	3,535,250	3,481,361	3,667,320	3,580,044	3,818,142	3,646,790	3,763,729	3,682,225	43,334,109
2 Other Operating Revenue	50,926	92,649	92,649	92,649	92,649	92,649	77,649	77,649	77,649	77,649	77,649	77,637	980,053
3 Other Non-Operating Revenue	10,121	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,518	169,799
4 Unrestricted Contributions	14,875												14,875
5 Line of Credit													-
Sub-Total Hospital Sources	3,844,535	3,588,149	3,456,583	3,667,397	3,642,415	3,588,526	3,759,485	3,672,209	3,910,307	3,738,955	3,855,894	3,774,380	44,498,835
Hospital Uses of Cash													
6 Operating Expenses	5,686,921	4,208,846	4,132,714	4,258,835	4,202,649	4,225,711	4,382,476	4,221,825	4,421,291	4,324,996	4,397,288	4,356,571	52,820,123
7 Add Capital Lease Payments	116,550												116,550
8 Additional Liabilities/LOC		105,033	22,115	22,140	22,166	89,458	14,502	14,502	14,502	14,502	14,502	82,109	415,531
9 Capital Expenditures	114,099	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,511	5,894,730
Total Hospital Uses	5,917,571	4,839,391	4,680,341	4,806,487	4,750,327	4,840,681	4,922,490	4,761,839	4,961,305	4,865,010	4,937,302	4,964,191	59,246,935
Net Hospital Sources/Uses of Cash	(2,073,036)	(1,251,242)	(1,223,758)	(1,139,090)	(1,107,912)	(1,252,155)	(1,163,005)	(1,089,630)	(1,050,998)	(1,126,055)	(1,081,408)	(1,189,811)	(14,748,100)
Non-Hospital Sources													
10 Restricted Cash/Money Market			1,000,000		2,000,000		(2,000,000)						1,000,000
11 Restricted Capital Donations	107,079	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,511	5,887,710
12 Parcel Tax Revenue	164,000					2,050,000				1,662,000			3,876,000
13 Other Payments - Ins. Claims/HHS/Grants													-
14 Other:													-
15 IGT							2,649,560					89,000	2,738,560
16 IGT - AB915											335,000		335,000
17 QIP													-
Sub-Total Non-Hospital Sources	271,080	525,512	1,525,512	525,512	2,525,512	2,575,512	1,175,072	525,512	525,512	2,187,512	860,512	614,511	13,837,271
Non-Hospital Uses of Cash													
18 Matching Fees						1,099,170					44,500		1,143,670
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	1,099,170	-	-	-	-	44,500	-	1,143,670
Net Non-Hospital Sources/Uses of Cash	271,080	525,512	1,525,512	525,512	2,525,512	1,476,342	1,175,072	525,512	525,512	2,187,512	816,012	614,511	12,693,601
Net Sources/Uses	(1,801,956)	(725,730)	301,754	(613,578)	1,417,600	224,187	12,067	(564,118)	(525,486)	1,061,457	(265,396)	(575,300)	
Operating Cash at beginning of period	4,044,067	2,242,111	1,516,381	1,818,135	1,204,557	2,622,157	2,846,344	2,858,411	2,294,293	1,768,807	2,830,264	2,564,868	
Operating Cash at End of Period	2,242,111	1,516,381	1,818,135	1,204,557	2,622,157	2,846,344	2,858,411	2,294,293	1,768,807	2,830,264	2,564,868	1,989,568	
Money Market Account Balance - Unrestricted	5,638,824	5,638,824	4,638,824	4,638,824	2,638,824	2,638,824	4,638,824	4,638,824	4,638,824	4,638,824	4,638,824	4,638,824	
Total Cash at End of Period	7,880,935	7,155,205	6,456,959	5,843,381	5,260,981	5,485,168	7,497,235	6,933,117	6,407,631	7,469,088	7,203,692	6,628,392	
Average Days of Cash on Hand	58.8												
Days of Cash on Hand at End of Month	54.6	48.7	44.0	39.8	35.8	37.4	51.1	47.2	43.6	50.9	49.1	45.2	