



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

AGENDA

THURSDAY, OCTOBER 7, 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/95035482044?pwd=enBpRWIyYkNlbENlYkdqbWFvRmZTU09>

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

<p>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.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
<p>1. CALL TO ORDER</p>	<i>Rymer</i>		
<p>2. CLOSED SESSION</p> <p>a. <u>Calif. Government Code § 54956.9(d)(4)</u>: Conference Regarding Closed Litigation – Approved Contract Settlement Related to ODC</p> <p>b. <u>Calif. Government Code § 37606 and Health and Safety Code § 32106</u>: Trade Secret Regarding Proposed New Services</p>			
<p>3. REPORT ON CLOSED SESSION</p>			
<p>4. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>5. BOARD CHAIR COMMENTS</p>	<i>Rymer</i>	Inform	

6. CONSENT CALENDAR a. Board Minutes 09.02.21 b. Special Session Minutes 09.09.21 c. Quality Committee Minutes 08.11.21 d. Finance Committee Minutes 08.24.21 e. Policy and Procedures f. Medical Staff Credentialing	<i>Rymer</i>	Action	Pages 1 - 4 Page 5 Pages 6 - 8 Pages 9 - 14 Pages 15 - 22
7. CEO PERFORMANCE EVALUATION/COMPENSATION/ANNUAL INCENTIVE GOALS - 2022	<i>Rymer</i>	Action	Page 23
8. MARKETING/PR UPDATE	<i>Kruse De La Rosa</i>	Inform	Pages 24 - 42
9. CMO REPORT	<i>Kidd</i>	Inform	Pages 43 -44
10. EHR UPDATE	<i>Kidd & McKinney</i>	Inform	Pages 45 -58
11. OUTPATIENT DIAGNOSTIC CENTER SETTLEMENT PROPOSAL	<i>Hennelly</i>	Inform	
12. ADMINISTRATIVE REPORT FOR SEPTEMBER 2021	<i>Hennelly</i>	Inform	Page 59
13. FINANCIALS FOR THE MONTH ENDED AUGUST 31, 2021	<i>Jensen</i>	Inform	Pages 60- 69
14. ALLSCRIPTS CONTRACT UPDATE	<i>Hennelly</i>	Action	Page 70
15. BOARD ORIENTATION MANUAL UPDATE	<i>Boerum</i>	Action	Pages 71 - 76
16. NOMINATION OF AMY JENKINS – GOVERNANCE COMMITTEE	<i>Boerum</i>	Action	Pages 77 - 80
17. RESOLUTION 362: BROWN ACT AMENDMENT AB 361 -FLEXIBILITY FOR VIRTUAL MEETINGS	<i>Rymer</i>	Inform	Pages 81 - 83
18. BOARD COMMENTS	<i>Board Members</i>		
19. ADJOURN	<i>Rymer</i>		

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



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

MINUTES

THURSDAY, SEPTEMBER 2, 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. PUBLIC COMMENT ON CLOSED SESSION	<i>Rymer</i>	
None		
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>	
Closed session was held to discuss potential litigation and trade secrets regarding ongoing new projects there were no decisions made and no actions taken during closed session.		
5. PUBLIC COMMENT		
None		
6. BOARD CHAIR COMMENTS		
There was no official Affiliate Oversight Committee (AOC) meeting on 9/1/21 as scheduled due to insufficient public notice. Members of the AOC met to have informal discussions.		
7. CONSENT CALENDAR	<i>Rymer</i>	
a. Board Minutes 08.05.21	<i>Rymer</i>	Action
b. Finance Committee Minutes 07.27.21		
c. Quality Committee Minutes 07.14.21		
d. Policy and Procedures		
		MOTION: by Boerum to approve, 2 nd by Bjorndal. All in favor
8. CHIEF OF STAFF REPORT	<i>Solomon</i>	
Dr. Solomon presented the Chief of Staff Report, HCAPS Communication with doctors for past three-months. Comparing year to year, scores improved for nine months, for past three months scores have been low. Dr. Kidd explained the numbers are from anyone with admitting privileges. One change and one survey can dramatically		

change the percentiles. They are examining details to determine trends. Dr. Solomon reviewed Quality initiatives (ED Sepsis Bundle, Hospitalist, patient satisfaction scores, Implementation of AHA guidelines in the ED), Medical Staff meetings, staff needs, concerns, and overall state of SVH. Dr. Solomon discussed the new case management system.		
9. QUALITY COMMITTEE ROLE IN POLICIES AND PROCEDURES	<i>Mainardi</i>	
Dr. Mainardi presented the Quality Committee (QC) Role in Policies and Procedures Memorandum. He explained it gives guidelines to policies and procedures during QC meetings. QC should review and comment but does not need to approve. The QC can make recommendations to the policy maker. Recommendations will be approved by the Board. Mr. Rymer said he would like to see substantive changes to policies, not minor changes. No change in QC Charter with this memo. Mr. Rymer requested a vote of confidence. All board members support new policy.		Vote of Confidence: All in favor
10. UCSF AFFILIATION UPDATE	<i>Hennelly</i>	
Mr. Hennelly said the JOC has focused on specific objectives for 2022. Operational foundation issues, such as maximizing new electronic health record, recruiting a new IT director, reviewing specialty services or joint clinical areas where they can collaborate and bring services to Sonoma. They are looking at opportunities to expand Orthopedics and bring Gerontology to Sonoma, which is drafted as a hybrid of primary care or seniors that are looking for someone focused on senior issues and guidance from specialist on inpatient care for seniors. These areas were identified as opportunities for improvement. Also looking at opportunities to enhance ICU coverage, to retain patients, rather than transferring out. Mr. Rymer stated these priorities will be brought to the October Board meeting and said there were 20 to 30 possible areas of collaboration, but in the near-term, the JOC would focus on a smaller number (e.g., 6-8) of priorities. A high-level work plan will be drafted for the Board.		
11. RESOLUTION 361 FOR GO BOND TAX RATE	<i>Jensen/ Dungan</i>	Action
Mr. Jensen stated every year the board is required to set a tax rate for the GO Bonds, per \$100,000 in assessed value. Ms. Dungan reviewed the Tax Rate for the 2021-2022 Fiscal year and reported the calculations suggested a rate of \$20.30 per \$100,000. Last year's rate was \$28.70 per \$100,000 in assess value. This represents a considerable decrease. Ms. Dungan asked that the Board approve the recommended rate as Resolution 361.		Vote by Roll Call: Rymer - Aye Boerum - Aye Kornblatt Idell - Aye Bjorndal - Aye Mainardi - Aye
12. CMO REPORT	<i>Kidd</i>	
Dr. Kidd gave an update on the Covid Delta Variant. Hospitalizations have increased in the past few weeks, counties to the North are being hit the hardest. Possible signs of supply surges, SVH is closely monitoring supplies. A new state health order requiring all health care providers need to be vaccinated by 9/30/21 or granted medical/religious exemption is now in place. Vaccination rate at SVH		

<p>for staff is currently at 94% and growing, physicians at 99%. Final numbers and plans to be in place by 9/30/21 that follow new State health order. SVH is providing a safe environment by monitoring visitors. Pfizer RNA fully FDA approved. Dr. Kidd hopes this will increase vaccination rates. Booster has not been FDA approved; no action will be taken by SVH until booster is FDA approved. New case management system will begin soon, Mark Kobe is taking the lead. A new temporary Social Worker was hired until a full time Social Worker starts in January 2022. Previous Chief Quality Officer separated from SVH, now recruiting for role, Dr. Kidd filling in until a new person is hired. Currently working on corrections to the recent CDPH survey and the internal disaster drill has been moved to 9/22/21. Continuing to monitor air quality inside and outside hospital.</p>		
<p>13. EDIT OF GOVERNANCE CHARTER REGARDING COMMUNITY MEMBER</p>	<p><i>Boerum</i></p>	<p>Action</p>
<p>Mr. Boerum reviewed the Edit of Governance Charter Regarding Community Members Memorandum. The recommendation is that Governance Committee should have three members. Normally the Board Chair and the Board Secretary, plus the addition of a Community Member.</p>		<p>MOTION: by Boerum to approve, 2nd by Rymer. All in favor</p>
<p>14. ADMINISTRATIVE REPORT FOR SEPTEMBER 2021</p>	<p><i>Hennelly</i></p>	
<p>Mr. Hennelly reviewed his Administrative Report for September 2021. The data report will not be presented this month because of the changes in Quality Leadership. How the quality data is delivered is being revisited. Patient volumes in the ER are up, IT recruitment is complete, and Dr. Kidd's team continues to work on the Electronic Health Record. Regarding the Outpatient Diagnostic Center, the contractors is still struggling to get the air-handler in compliance for OSPD approval. He noted that it could take several months to rectify. The front entrance has been reopened to provide more screening and speed up access into the hospital and new staff has been hired to monitor entrances. Dr. Kidd stated they have a committee going through different EHR options. Mr. Hennelly reported that Mr. Jensen tendered resignation at the beginning of 2022. Mr. Hennelly is working with UCSF to recruit a CFO replacement.</p>		
<p>15. FINANCIALS FOR THE MONTH ENDED JULY 31, 2021</p>	<p><i>Jensen</i></p>	
<p>Mr. Jensen reviewed the Financials for month end July 31, 2021. Volume is up in outpatient area, \$5.2M over anticipated gross revenue and surgical cases up by 29 cases. Medicare and Medicare managed 54.8% versus budget 55.2%. MediCal was down to 15.8%, commercial up to 24.8% versus budget of 21.4%. July cash goal of \$3.789M was under budget by \$50,000, cash on hand average was 61.8 days, AR days were 40.3, AP dropped to \$3.3M. AP 40.4 days. <u>Attachment D:</u> For the month of July, inpatient gross revenues were below budget by \$800,000, discharges were up, outpatient gross revenues were over budget by \$3.2M and emergency department gross revenues were over budgeted by \$2.1M. Operating revenue was \$4M, budget was \$3.2M, salaries over</p>		

<p>budget by \$59,000, due to ER and surgical staffing. Med/professional over by 5%, due to legal fees. Supplies were over by 19%, due to inpatient increase in outpatient surgeries. Expenses over budget by \$312,000. Operating margin showed a loss of \$630,000, versus budget of \$1.1 million. After accounting for GO bond and new activity, loss of \$65,000 versus budgeted loss of \$85,000. Note: Cash flow projected for the month of April 2022 includes \$1.6M for insurance recovery for cyberattack.</p>		
<p>16. DISCUSSION REGARDING IN-PERSON BOARD MEETINGS</p>	<p><i>Rymer</i></p>	
<p>Most people are not comfortable meeting in person yet. Mr. Rymer recommends we revisit this discussion in December to determine if we are ready to meet in-person by January 2022. All Board members support this proposal.</p>		
<p>17. BOARD COMMENTS</p>	<p><i>Board Members</i></p>	
<p>None</p>		
<p>18. ADJOURN</p>	<p><i>Rymer</i></p>	
<p>Adjourned at 7:02</p>		



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

MINUTES

THURSDAY SEPTEMBER 9, 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. 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>	<i>Rymer</i>	
None		
3. CLOSED SESSION a. <u>Calif. Government Code §54956.9(d)(4)</u> : Conference Regarding Closed Litigation b. <u>Calif. Government Code § 37606 and Health and Safety Code § 32106</u> : Trade Secret Regarding Proposed New Services	<i>Rymer</i>	
4. Report on Closed Session	<i>Rymer</i>	
Closed session was held to discuss potential litigation and trade Secrets. There were no decisions made and no actions taken during closed session.		
5. OUTPATIENT DIAGNOSTIC CENTER CONTRACT TERMINATION	<i>Hennelly</i>	Action
Mr. Hennelly reviewed the Request for Approval to Terminate Contracts memo regarding Dome Construction/Taylor Design (DBT). The hospital is seeking the Boards approval to terminate Dome Construction/Taylor Design and the approval to assign the contract to GMH Builders of Sonoma.		MOTION: by Rymer to approve, 2 nd by Boerum. All in favor.
6. CASE MANAGEMENT CONTRACT TERMINATION	<i>Hennelly</i>	
Mr. Hennelly reviewed the Request for Approval to Terminate Contracts memo regarding Banyan Medical Systems. The hospital is seeking the Board's approval to terminate Banyan Medical Systems.		MOTION: by Boerum to approve, 2 nd by Mainardi. All in favor.
7. ADJOURN		
Adjourned at 6:27 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
August 11, 2021 5:00 PM**

MINUTES

Via Zoom Teleconference

Members Present	Members Present cont.	Excused	Public/Staff
Michael Mainardi, MD, via Zoom Susan Kornblatt Idell via Zoom Carol Snyder via Zoom Ingrid Sheets via Zoom Ako Walther, MD via Zoom		Cathy Webber Howard Eisenstark	Sabrina Kidd, MD, CMO, via Zoom Mark Kobe, CNO, via Zoom John Hennelly, CEO, via Zoom Judy Bjorndal, Board Member via Zoom Jenny Fontes, Board Clerk via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5: 01pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	
<ul style="list-style-type: none"> QC Minutes, 07.14.21 		MOTION: by Kornblatt Idell to approve, 2 nd by Sheets. All in favor.
4. MEETING DATE AND TIME MOVE	<i>Mainardi</i>	
	Dr. Mainardi spoke about the recently moved date of this committee has caused a delay with medical staff credentialing. Dr. Kidd recommended the committee meeting date go back to the original fourth Wednesday of the month. The next meeting will be September 22 nd .	Committee all in Agreement of meeting date move to the fourth Wednesday of the month. J. Fontes to send out a new meeting schedule and Zoom link.
5. DEPARTMENT PI PROJECT: COMMUNICATION ABOUT MEDICATIONS	<i>Kutza</i>	
	Mr. Kutza, Pharmacy Director presented the performance improvement plan surrounding medication communication.	

AGENDA ITEM	DISCUSSION	ACTION
	<p>This included the presentation of the medication side effect teaching document. He said that the EHR was modified to add medication teaching for care givers and that a function in Paragon that allows the nurse to “message” the Pharmacist with questions or clarifications is being utilized during patient teaching. After the implementation of all these items the project exceeded the goal. The goal was to increase the score to the 25th percentile by July 31, 2021. The performance resulted in a score representing the 80th percentile.</p>	
<p>6. QUALITY PERFORMANCE INDICATORS/ SCORECARD REVIEW FOR JUNE 2021</p>	<p><i>Kidd</i></p>	
	<p>Dr. Kidd presented the revised format of the Quality performance indicators score card for June of 2021. This included reviews of patient safety indicators, patient falls, blood culture contamination, stroke certification measures, utilization management, core measures, infection prevention and overall patient satisfaction.</p>	
<p>7. COMMITTEE ROLE IN POLICIES AND PROCEDURES</p>	<p><i>Mainardi</i></p>	
	<p>Dr. Mainardi said that the Board of Directors decision on the Quality Committees role in policies and procedures will be informational agenda items, rather than action and approval items. This is in alignment with the committee charter. The Board welcomes comments and recommendations from the committee on policies and procedures. Revisions beyond typos or punctuation mistakes that require a change in wording or intent to the policy will require a full vote of the voting members before passing to the policy owner. The policy owner then has the choice to incorporate the recommendation into the policy or procedure. At that point the policy will not be returned to the committee.</p>	
<p>8. POLICIES AND PROCEDURES</p>	<p><i>Kidd</i></p>	
	<p>Dr. Kidd reviewed the revisions to the following policies: 24-hour Cardiac Monitoring Accountability and Responsibility (Case Management) Aerosol Therapy Indications Aggressive Behavior Management AIDET- Patient Relations Protocols</p>	

AGENDA ITEM	DISCUSSION	ACTION
	Ambient Breathing (A.B.) Treatments Cardiac Exercise Test (Treadmill) Care transitions Program Post Discharge Phone Calls Central Venous Pressure Monitoring Clinical Practice Guidelines Continuity of Operations Plan Discharge from the Intensive Care Unit Discharge Referral Process for Home Care Emergency Department Nursing Protocols Emergency Operation Plan Hospital Evacuation During Disaster Intravenous Management Mechanical Ventilation Management Nursing Services Education Plan Orientation, Case Management Oxygen Therapy Policy Patient Resuscitation Code Status Patient Rights to Access Protective Services Pregnant and Breastfeeding Healthcare Workers, Guidelines for Protective and Advocacy Services Sputum Collection Induction Standard Employer Service Rate Suctioning patients in the Intensive Care Unit Patients Tracheal Tube Cuff Management Tracheostomy Care Tracheostomy Suction Procedure Transfer of Patients from Acute Units to SNF or Other Long-Term Care Transvenous Pacing Withdrawal of Life Sustaining Treatment	
11. ADJOURN	<i>Mainardi</i>	
	6: 15 pm	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, AUGUST 24, 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 John Hennelly via Zoom		Jenny Fontes via Zoom Sarah Dungan via Zoom Dawn Kuwahara, CAO, 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 5:00 p.m. Mr. Boerum congratulated Ken Jensen for being nominated by the North Bay Business Journal as one of the top six CFOs for accomplishments in the North Bay. He mentioned that a picture of Ken will be advertised in the local Gazette. Mr. Rymer acknowledged Ken as a great resource for finding money and noted Sarah as being a great resource as well. Mr. Hennelly acknowledged Ken as an asset and said he appreciated him staying on to help with onboarding. Mr. Boerum welcomed the new Board Clerk, Jenny Fontes, and thanked Art Grandy for accepting an appointment to the Auditing Committee. He thinks it's important to have a link between Finance and the Auditing Committee.			

2. PUBLIC COMMENT SECTION	<i>Boerum</i>		
None			
3. CONSENT CALENDAR (ACTION)	<i>Boerum</i>		
a. Finance Committee Minutes 07.27.21	The minutes of 7.27.21 were reviewed. Mr. Boerum suggested putting in detail about the refinancing; amount of money raised, rate that was achieved, interest savings to taxpayers, and cost of issuance.	MOTION: by Joshua to approve with identified revisions, 2 nd by Flynn. All in favor.	
4. RESOLUTION 361 SETTING THE TAX RATE FOR THE 2021-2022 FISCAL YEAR	<i>Dungan</i>	MOTION: by Joshua to approve, 2 nd by Grandy, All in favor.	
	Ms. Dungan worked with Gary Hicks and Brian Quint review calculations, current trustee funds, what's being held and if they are reasonable. Calculations to Set the Rate, fiscal year 2022 bond payments, adjusted based on high reserve. Lower interest payments, due to bond refinance which also lowered tax rate, currently being recommended at \$20.30 per \$100K of assess value, down from \$27.80 last year for a significant. Ms. Dungan stated that the reserve fund is currently at a little over 5 million. Ms. Dungan stated they will look at reserve annually before GO bond rate is set to see how much reserve over next years bond payments can be slowly taper down. Mr. Grandy asked why we need access with fixed calculation. Mr. Dungan replied it is a reserve in case the county cannot collect.		
5. ADMINISTRATIVE REPORT FOR AUGUST 2021	<i>Hennelly</i>		
	An IT Director has been selected, person will be employed by UCSF, advantage to building bridge between SVH and UCSF. Ms. Lee asked if it would help with access to buying and procurement power behind UCSF when it comes to contracting. Mr. Hennelly was hopeful that it would. Mr. Hennelly discussed JOC meeting in July. His approach is to see what we need, UCSF's strengths and how we partner with Marin. End goal is to have program we launch between UCSF and SVH and, potentially		

	<p>MarinHealth. Mr. Hennelly discussed the status of the ODC, i.e., continuing air balancer and air handler installation issues, said that they are closer to resolving problems.</p> <p>Ms. Dungan stated they projected 10 percent increase in revenue per year with new CT scanner and it is estimated they lost about 13,000 in net revenue without the new CT. Mr. Hennelly discussed hospital's slightly reduced entry access, reopening front door to begin more screening of Non-ER and Non-staff. He discussed how he and SVH are looking to partner with community organizations and gave an example of current partnership with La Luz regarding COVID. Mr. Hennelly also stated there will be continued messages from SVH to avoid large gatherings and wear masks. Ms. Donahue questioned, injuries to staff, 13 injuries to staff in June. Mr. Hennelly explained that the numbers do vary. They will be looking at numbers and trends for opportunities to improve upon.</p>		
<p>6. FINANCIAL REPORT FOR MONTH ENDED JULY</p>	<p><i>Dungan</i></p>		
	<p>Ms. Dungan discussed July 2021 patient volumes with Outpatient and ER. Budget for this year was built based on volumes that were seen from July through January 2021. We are now seeing increased volumes with outpatient visits, surgery, and higher volumes in ER. July highest month in ER since pandemic. Mr. Gerlach asked if Finance tracks payer mix of ER visits, Ms. Dungan replied that they do track that information. Mr. Gerlach talked about Kaiser, he asked about Kaiser's utilization of the SVH ER. He thinks it is important as far as their support for the parcel tax. Ms. Dungan also noted that SVH gets a high reimbursement from Kaiser for their patients. She will look at the trends with Kaiser patients in our ER.</p>		

Ms. Dungan reviewed the payer mix for July 2021. Medicare was at 54.8 percent versus budget of 55.2. MediCal decreased to 15.8 percent, budgeted 19.3. Increase in commercial volumes, at 24.8 percent versus 21.4 percent. Cash collection goal was \$3,789,016, and the hospital collected \$3,738,429, under by about \$50,000. Average days cash on hand was 58.8, versus last month 44.6, AR days at 40.3, a day higher than previous month. AP decreased \$260,000 to \$3.3 million, AP at \$30.4. Gross revenue month of July 25 million, based on budget of \$20 million, \$4.4 over budget, numbers factor in price increase of July 1. Revenue deduction 3.6M higher than budget, because of higher gross revenue, total operating revenue better than budget by \$800,000. Operating expenses at \$4.7 million in July were \$312,812 over budget, because of increase in labor costs, and supplies. Purchase services over budget by \$64,000, primarily because of IT. Utilities over budget by \$24,000, higher usage in utilities, possibly because of construction costs. Operating margin of \$630,000 versus operating margin loss of \$1.1 million, better than budget by \$487,000. After accounting for non-operating items, net loss of \$65,117 versus budgeted loss of \$84,874. The hospital ended the month with \$7.8 million in cash and cash equivalents, average days of cash on hand for the month was 58.8, and days of cash on hand at end of month was 54.6. Mr. Dungan commented that she is seeing increases in orthopedic surgeries in ophthalmology, she thinks it is because people are catching up with elective surgeries.

7. BOARD ADVISORY PROJECTS	<i>Boerum</i>		
	<p>Mr. Boerum presented his Board Advisory Project Memo and explained that Mr. Hennelly will be working on a strategic plan regarding Board Advisory Projects. He suggested that there should be one or two smaller sub-committees that can assist Mr. Hennelly and the Board with projects. A project that the sub-committee could work on is payer mix project. After discussions regarding the payer mix, Mr. Boerum suggested that at the next meeting or the meeting after the committee could recommend revisions or changes that would produce more useful information. Mr. Gerlach would like to see metrics efficiently produced by Finance. Ms. Donahue would like to see if there are trends in commercial activity and commercial patients. Mr. Rymer suggested that the Finance Committee identify the five most important questions we would like to see answered, these questions would be presented to Mr. Hennelly, Mr. Jensen, and Ms. Dungan. Ms. Lee added that UCSF has Data Scientists which could work on the five questions to get answers. Mr. Boerum recommended having a similar agenda topic at next meeting with the five questions, which ones overlap, who they should go to?</p>		
8. ATTRIBUTES OF A NEW CFO	<i>Boerum</i>		
	<p>Mr. Boerum spoke about attributes of new CFO. He asked committee members to recommend their envisioned attributes of a new CFO. Mr. Hennelly reported that UCSF is using their network to recruit candidates. Mr. Boerum stated he suggested to UCSF that they look at different district hospitals. Mr. Gandy pointed out that challenge is getting cash in hand from government programs, reimbursement programs, and managing government interface, person should have California experience. Mr. Rymer noted that the new CFO should be familiar</p>		

	<p>with how changes in strategic focus and service lines impact underlying financials in the business. Ms. Donohue believes CFO should have integrity at the highest level, direct experience, communicative, inquisitive, looking for opportunities, high financial acumen, and cognizant of environment. Mr. Gerlach stated person should have integrative system approach. We compete with Kaiser, what will it take to get off managed care? He said can't just be a small hospital person, can't be an isolated hospital person, we need to grow revenue, to grow revenue you need to do business planning. He said we need business planning support, must be good at market analysis, financial forecasting, person should have done a fair amount of that.</p>		
<p>9. ADJOURN</p>	<p><i>Boerum</i></p>		
	<p>Meeting adjourned at 6:43 p.m.</p>		



SUBJECT: Outpatient Infusion Service

POLICY: MM8610-163

Page 1 of 3

DEPARTMENT: Organizational

EFFECTIVE: 9/1/2021

REVISED:

PURPOSE:

To standardize the process followed for managing patients receiving outpatient medication infusions at Sonoma Valley Hospital.

POLICY:

Sonoma Valley Hospital offers outpatient medication infusion services to Sonoma Valley Hospital patients and Sonoma Valley residents in a designated outpatient area of the hospital. Orders for medications to be administered via this service are assessed for clinical and financial viability before scheduling the patient to receive any medications. Medication orders will be accepted from a credentialed member of the SVH medical staff with appropriate privileges and in good standing as well as from non-medical staff Licensed Independent Practitioners (LIP) who have been pre-verified by medical staff for infusion specific privileges. The ordering physician will be contacted as needed for non-emergent patient care issues. In the case of a patient emergency, the hospital will provide care using current processes for rapid response or code blue.

PROCEDURE:

- A patient-specific drug order must be available from an LIP that details the following, at a minimum:
 - Medication
 - Medication dosage
 - Route of administration
 - Rate of administration
 - Frequency and duration of administration
 - Treatment monitoring requirements (as applicable)
 - Pre-medication (if indicated)
 - Orders for management of an acute infusion/injection reaction
- Upon receipt of a valid order from an LIP the following process is initiated:
 1. Verify LIP is credentialed or has infusion privileges at SVH; Email order to Medical Staff Office for credentialing verification. If the provider is not yet privileged for infusion services, credentialing verification must be completed prior to proceeding to subsequent steps.
 2. Ensure that LIP has completed and sent the appropriate section(s) of the Outpatient Infusion Scheduling Form (attachment A) to the SVH scheduler
 - a. If one has not been received, the scheduler will contact the LIP to request it be sent and provide a copy to them if needed.
 3. The form and order are sent to admitting for review of insurance coverage and approval.
 4. If the treatment is covered and approved by admitting, the scheduler is notified that they may schedule the patient to receive the treatment ordered.



SUBJECT: Outpatient Infusion Service	POLICY: MM8610-163
DEPARTMENT: Organizational	EFFECTIVE: 9/1/2021
REVISED:	

5. The scheduling form and order is sent to pharmacy for review and processing based on availability and formulary status.

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- The storage, handling, preparation, and labeling of intravenous/injectable medications will be performed by hospital pharmacy department personnel following applicable guidelines and regulations for sterile compounding.
 - If an intravenous/injectable medication is available in a ready to use form that does not require compounding as defined by the California State Board of Pharmacy, the medication may be prepared for administration by the patient care nurse, following standards of proper aseptic technique and hospital policy.
- Doses will be administered to the patient by registered nurses on staff at Sonoma Valley Hospital who are trained and competent to perform this task.
 - Administration will be documented on the patient Medication Administration Record (MAR) as per hospital policy.
 - The patient care nurse will have access to information about the medication being administered that includes at least: indications, administration, monitoring requirements, and patient education requirements.
- Initial patient assessment, monitoring, and documentation will be performed per hospital policy.
 - Frequency may vary based on risk of reaction, patient history, and acuity.
- Medications, supplies, and equipment to manage a hypersensitivity reaction must be immediately available during each administration of a parenteral medication.
 - Any adverse effects will be addressed, reported, and documented following hospital policy.

Deleted: (when applicable):

REFERENCES:

National Infusion Center Association; NICA Minimum Standards for In-Office Infusion, 2019.

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OWNER:

Director of Pharmacy

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AUTHORS/REVIEWERS:

Director of Surgical Services

Chief Medical Officer

Board Quality Committee

Moved (insertion) [1]

Deleted: :



SUBJECT: Outpatient Infusion Service

POLICY: MM8610-163

DEPARTMENT: Organizational

Page 3 of 3

EFFECTIVE: 9/1/2021

REVISED:

APPROVALS:

Policy & Procedure Team:

Pharmacy & Therapeutics Committee:

Medical Executive Committee:

Board of Directors:

Moved up [1]: Board Quality Committee: ¶

ATTACHMENTS:

Attachment A- Outpatient Infusion Service Worksheet

DRAFT

OUTPATIENT INFUSION SERVICE SCHEDULING

SURGERY SCHEDULING PHONE LINE: (707) 935-5380

Send orders to Surgery Fax: (707) 935-5379



******TO BE COMPLETED BY PHYSICIAN******

PLEASE ATTACH COMPLETE ORDERS INCLUDING DIAGNOSIS

Medication ordered: _____

One time only Recurring Frequency _____

Ordering Physician _____ Primary Care MD _____

Patient Last Name _____ M F DOB: _____

Patient First Name _____ Phone: _____

Diagnosis: _____ ICD-10 _____ CPT: _____

**INSURANCE INFORMATION
(Must be completed)**

Primary Insurance: _____ ID# _____

Primary Authorization # _____ No Authorization Required

Per: _____ Effective Date ____/____/____ to ____/____/____

Secondary Insurance: _____ ID# _____

Secondary Auth# _____ No Authorization Required

Per: _____ Effective Date ____/____/____ to ____/____/____

******SVH STAFF USE ONLY******

Sent to Admitting (Fax 5207, Phone 5350) Date _____ Time _____

Email to Medical Staff Coordinator for LIP verification if LIP unknown:

sfinn@sonomavalleyhospital.org Date _____ Time _____

Account complete and registered (patient label attached)

Sent to Surgery (Fax 5379) Date _____ Initials _____

Sent to Pharmacy (Fax 5483) Date _____ Initials _____

Scheduled date and time _____

Document Tasks by Committee

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

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/30/2021 9:15 AM

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: 17

Committee: 09 BOD-Board of Directors

Committee Members: Finn, Stacey (sfinn)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Access to Medication When the Pharmacy is Closed <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
Summary Of Changes: Reviewed, no changes Moderators: Newman, Cindi (cnewman) Lead Authors: Kutza, Chris (ckutza) Approvers: 01 P&P 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)			
Aminoglycoside Protocol <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
Summary Of Changes: Corrected typo at end of document (bullet point with no information after it) Moderators: Newman, Cindi (cnewman) Lead Authors: Kutza, Chris (ckutza) Approvers: 01 P&P 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)			
Authorized Access to Medication Storage Areas <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
Summary Of Changes: Reviewed, no changes Moderators: Newman, Cindi (cnewman) Lead Authors: Kutza, Chris (ckutza) Approvers: 01 P&P 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)			
Controlled Substance Management <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/30/2021 9:15 AM

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

Summary Of Changes: **Updated reference links to most current addresses and updated last accessed date.**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Dispensing of Medication	Pending Approval	9/23/2021	7
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Labeling Medications	Pending Approval	9/23/2021	7
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Licensed Pharmacy Employee Theft or Impairment	Pending Approval	9/23/2021	7
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Look Alike Sound Alike	Pending Approval	9/23/2021	7
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **01 P&P 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)**

Medication Recalls	Pending Approval	9/23/2021	7
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/30/2021 9:15 AM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: 01 P&P 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)

Medication Shortages <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
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Summary Of Changes: Updated reference web links to current website and updated last accessed dates

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: 01 P&P 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)

Ordering and Prescribing <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
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Summary Of Changes: Corrected formatting errors

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: 01 P&P 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)

Outpatient Infusion Service <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
--	------------------	-----------	---

Summary Of Changes: **NEW POLICY**
 This policy is to create a standard process for managing outpatient infusions at Sonoma Valley Hospital

WHY:
 SVH provides medication infusions on an outpatient basis to patients in the community. A standardized process defining medication orders, patient authorization, scheduling, and patient management before, during, and after infusions is needed to ensure an efficient, safe, and financially sustainable process.

Note: "when applicable" deletion per the recommendation of the BOD Quality Committee

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 ExpertReviewers: Fry, Dana (dfry), Kidd, Sabrina (skidd)
 Approvers: 01 P&P 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)

Pharmacist Review of Medication Orders <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
---	------------------	-----------	---

Summary Of Changes: Corrected formatting (added period) and removed reference to a list of order sets that is not used any longer.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: 01 P&P 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)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/30/2021 9:15 AM

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

Piperacillin-Tazobactam Extended Infusion Dosing <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
<p>Summary Of Changes: Added specific guidelines for dosing when exclusion criteria preclude the use of an extended infusion time.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>Approvers: 01 P&P 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)</p>			
Reporting Controlled Substance Theft or Loss <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
<p>Summary Of Changes: Updated reference web links to current addresses and updated last accessed date.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>Approvers: 01 P&P 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)</p>			
Required Immunizations & Proof of Immunity <i>Human Resources Policies (HR)\Employee Health</i>	Pending Approval	9/23/2021	7
<p>Summary Of Changes: Updated policy to reflect organizational decision to require COVID-19 Vaccination as a condition of employment. Added corresponding appendices for requesting medical exemption or religious accommodation and the applicable declination form. Other general language updates for clarity in purpose and understanding.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: McKissock, Lynn (lmckissock)</p> <p>Approvers: 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Unapproved Abbreviations <i>Medication Management Policies (MM)</i>	Pending Approval	9/23/2021	7
<p>Summary Of Changes: Updated date last accessed for reference weblink. Removed appendix A and references to it in body of policy. The unapproved abbreviations list is managed separately from this policy and reviewed annually.</p> <p>Moderators: Newman, Cindi (cnewman)</p> <p>Lead Authors: Kutza, Chris (ckutza)</p> <p>Approvers: 01 P&P 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)</p>			



FY 2022 CEO GOALS

Compensation performance to be determined in concert with UCSF.

PERFORMANCE GOAL	OBJECTIVE	METRIC	FY 2021 RESULT	FY2022 GOAL LEVEL
Growth	Expand medical services in Sonoma	Start a new program in collaboration w UCSF Bring a new physician practice to market		2 new starts+ pending = 5 2 new starts = 4 1 new start = 3 1 start pending = 2 0 starts scheduled = 1
Service Excellence	Outpatient Satisfaction	4.5 or higher average score on "Rate My Hospital" for all Outpatient departments as measured each month		>4.7 =5 >4.6=4 ≥4.5= 3 <4.5 = 2 < 4.4 = 1
Quality	Excellent Patient Safety and Outcomes	Meet or exceed the national benchmark in all measured quality outcomes on a rolling 12 month average		12 quality metrics met = 5 11 met =4 10 met = 3 9 met = 2 8 or less met = 1
People	Engaged and Satisfied Staff	75% staff participate and rate their satisfaction at 3.8/5 or higher		>4 = 5 >3.9=4 ≥3.8=3 <3.8=2 <3.5 =1
Finance	Financial Viability	Exceed Budgeted Operating Income, Before Depreciation and Amortization (EBDA) prior to restricted donations and GO Bond by year end		> \$2 million = 5 > \$1.5 million = 4 > \$1 million better = 3 = met budget = 2 < did not meet budget = 1
Finance	Financial Stability	Maintain a rolling average of days of cash on hand		>50 = 5 >45 = 4 ≥42 = 3 < 42 = 2 < 35 = 1

Community Outreach & Marketing Report

Sept 2020 – Aug 2021

Overview

- **Covid Response**
- **Community Outreach Highlights**
- **Marketing Highlights**
- **What's Ahead**
 - Community
 - Marketing



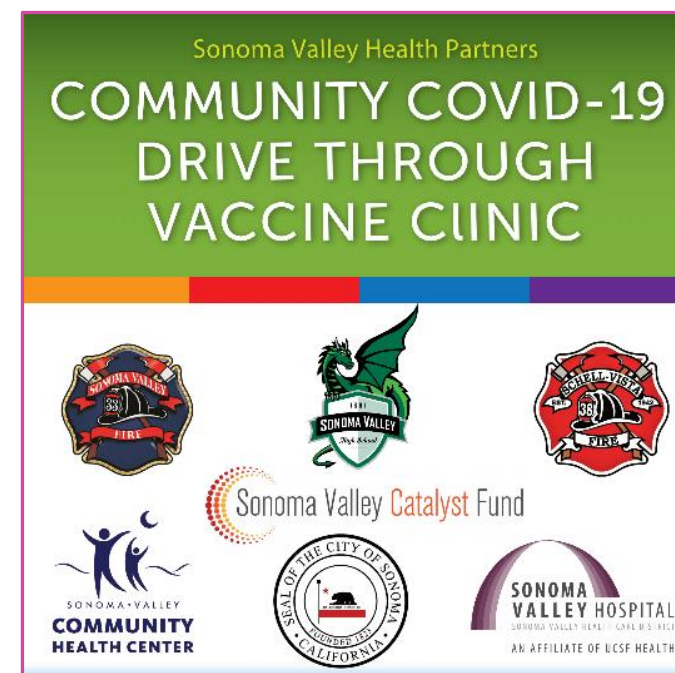
Realignment During COVID

December 2019 – August 2021



FY21 Driven By Response to Incidents

- Covid and cyberattack
- Affirmed our critical importance to community health
 - Educated
 - Communicated
 - Strengthened relationships
 - Expanded outreach
 - Established relationships



How We Responded

- Kept community informed
 - Regular updates
 - Dr. Sabrina Kidd, CMO
- Drive-through Vaccine Clinics
- Encouraged community to return to hospital



SONOMA VALLEY HOSPITAL

Virtual
COMMUNITY MEETING
on **COVID UPDATE**
Tuesday, **September 21 • 3:00 pm – 4:00 pm**

Zoom Link to Join: <https://sonomavalleyhospital-org.zoom.us/j/92375935274>
Meeting ID: 92375935274 • Password: 709494
Spanish Simulcast: <https://www.youtube.com/SonomaTV>

- Responded to cyberattack
 - Assured transparency
 - UCSF's role
 - Coordinated Public Notices
 - Managed Media



Sonoma Valley Hospital hit by cybercriminals with ransomware attack



2021 Highlights

Community Outreach

- **Community Perception Survey**
 - SVH continues to be seen as critical community resource
 - Perceptions improving since 2018 service changes



CEO Introduction

- 14 community meetings since April
- City and county leaders, local agencies, local newspapers, and local organizations.



Education and Service

■ **Community Education**

- Continued outreach
- Medication Management Program with Vintage House
- Project Pink
- Social Media

■ **Community Service**

- 1204 Hours

2021 Highlights Marketing

- **UCSF Health Marketing Collaboration**
 - Affiliation Ad
 - KQED-FM Reader Spots
- **SVH “Don’t Ignore Your Health”**



It’s time to give your health the attention it deserves

If you’ve been postponing medical care because of the pandemic, you should think about scheduling it now.

Delaying routine diagnostic care can impact your health. If you haven’t done so recently, we encourage you to see your physician to discuss the care you need. Sonoma Valley Hospital is here for you and your family, from lab work and diagnostic screenings to elective surgery.

We’ve taken all the steps needed to make your hospital a safe place, including following strict infection prevention protocols and vaccinating staff against Covid-19.

Should you need us immediately, the Emergency Department is open 24/7.

We’re here for you when you need us.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE CENTER
AN AFFILIATE OF UCSF HEALTH

347 Andrus Street, Sonoma, CA 95476
707.935.5000 • sonomavalleyhospital.org • f t i

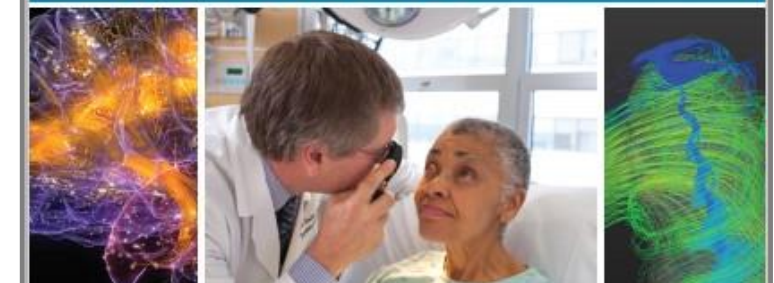
Award-Winning Care, Close By

Partnering with Sonoma Valley Hospital

The UCSF Department of Neurology, part of the UCSF Weill Institute for Neurosciences, supports Sonoma Valley Hospital through telemedicine services and oversees its certified Acute Stroke Ready program. UCSF Medical Center was recently certified as a Comprehensive Stroke Center, the highest level of stroke certification. We are proud to partner with Sonoma Valley Hospital physicians to assess complex neurological problems.



Sonoma Valley Hospital is an affiliate of UCSF Health



UCSF Health
Redefining possible.™

■ **Health & Wellness Magazine**

- Co-sponsored IT supplement

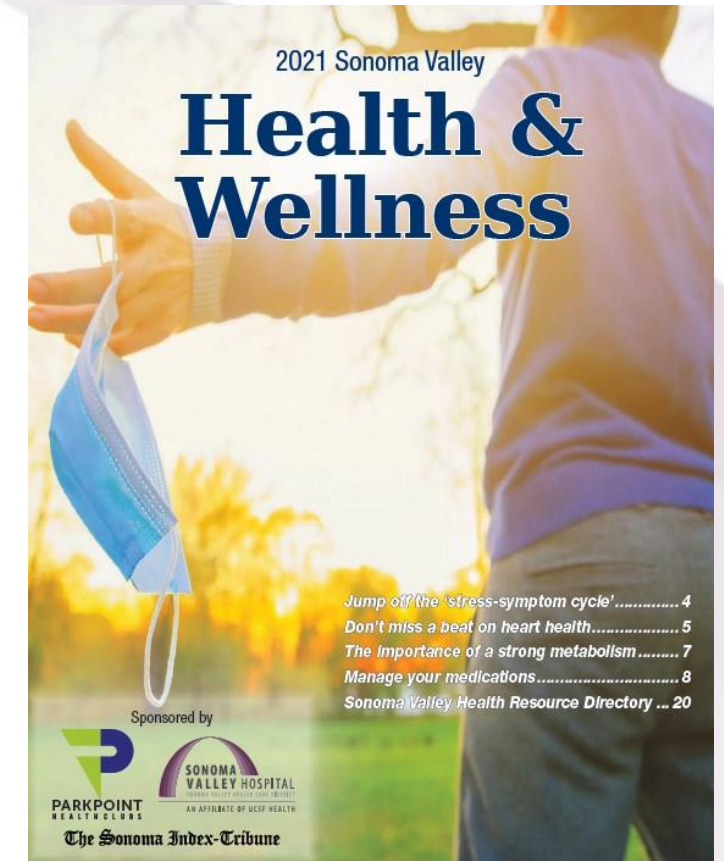
- Featured hospital experts

 - Heart Health/Dr. Rainow

 - Vaccines & Mammograms/Dr. Alexandridis

 - Medication Management/Baqara Yoder, PharmD

 - Mind and Spirit/Mary Flett, PhD



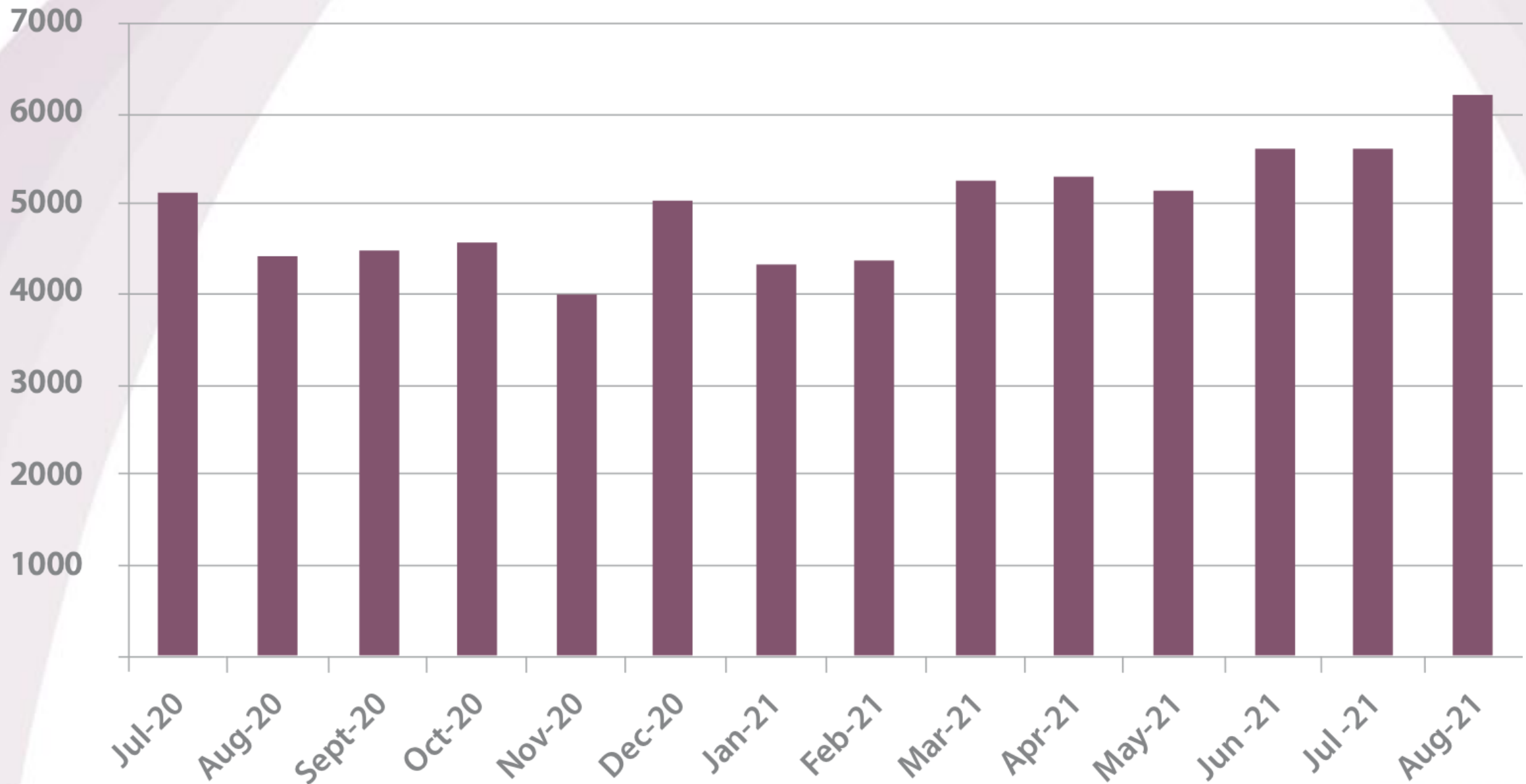
■ Website and Email Subscribers

- Direct community to SVH website as source of covid information
 - Website Traffic increased by 550% between Jan 2021 and April 2021
- 8.5K signed up for email updates since Jan 2021



Volumes Growing Again


ALL Service Units



What's Ahead: Community Outreach

- **Maintain and strengthen existing relationships**
- **Continue to develop relationships**
 - High School and SVUSD
 - County Agencies/Emergency Services/PIO
 - InterFaith Council
 - Sonoma Valley Collaborative





- **Expand health education – including bilingual education**

- Medication Reviews (Ongoing)
- “Feeding the Soul” (Jan)
- Heart Health (Feb)
- Advance Health Care Directives (April)
- Active Aging Speaker Series (April)

What's Ahead: Marketing

- **Increase collaboration with UCSF Health**
 - Identify opportunities for joint marketing
 - Discussions underway
- **Build Outreach Programs With Community Health Center**
 - Women's Health "Paps and Mammos"
 - Back-To-School Health
 - Engage with SVCHC Medical Staff

■ **Update Website**

- Align with our branding - compassionate healthcare
- Improve navigation, update photography
- Creating committee – community members, physicians, and staff.

- **Resume delayed marketing activities**
 - Medical office staff annual event
 - Organize community interactions for physician
 - “Conversations With A Doctor” program
 - “Let’s Talk About Women’s Health”
 - Men’s Health

QUESTIONS



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: October 7, 2021
Subject: CMO Report

September Highlights Included:

1. COVID-19:
 - a. Case numbers declined in September and all supplies remain adequate.
 - b. Entrance control remains in place with proof of vaccination or negative test within 72 hours for visitors.
 - c. Vaccines:
 - i. We are in full compliance with the SVH vaccine policy as well as the State Mandate for HealthCare Providers with regards to COVID-19 vaccinations and testing. All unvaccinated are tested at least twice weekly or within 48 hours of each shift and must wear a N95 mask while on site.
 1. 96% of staff vaccinated
 2. 99% of physicians vaccinated
 - ii. SVH continues to offer 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. Boosters:
 1. SVH will be offering non-mandatory booster shots to staff and physicians who received their second dose of Pfizer at least 6 months or more ago.
 2. SVH continues to collect and disseminate information on where the public can obtain a COVID-19 vaccine and / or a booster locally.
 3. SVH is preparing to assist with the local vaccination efforts for the 5-11 year old population in late October pending FDA EUA approval of the Pfizer vaccine for this age group.
2. Med-Surg / ICU / Surgery / ED Updates:
 - a. Case Management/ Social Work:
 - i. We filled the social worker vacancy with a long-term temp in early September. A permanent position has been filled effective January 2022.
 - ii. Banyan Virtual Case Management was terminated effective September 30, 2021.

- iii. New on-site Case Management began mid-September with a Case Management manager overseeing case management and utilization management.
- 3. Medical Staff:
 - a. September meetings included: Quarterly General Medical Staff, Medicine Committee, Surgery Committee, Performance Improvement/Pharmacy & Therapeutics, MEC.
- 4. Quality:
 - a. Reportable Events: None
 - b. We have completed interviews with two promising candidates for the Director of Quality position and are in final negotiations to fill this position.
 - c. We are planning to out source our quality and infection prevention data abstraction to Q-Centrix, a connection made through UCSF.
 - d. Rate My Hospital texting surveys for Outpatient Surgery began October 1, 2021.
- 5. Disaster Preparations:
 - a. Successful Disaster Drill was held September 22, 2021 focusing on evacuating the hospital in a 2 hour window due to a wild fire threat.

SVH EHR Solution 2022 & Beyond

SVH | EHR Work Group
October 7, 2021

Project Overview

- Selection & Implementation of new EHR by September 2022
 - Selection of new ERP / Financial System If Needed
- Meet SVH's strategic goals
 - Patient access to care, interoperability, right size cost, “hate the least” functionality, preservation of historical data
- Cost: Goal Annual Operational Budget for all IT 5-6% of Total SVH Expenses
 - FY2021 \$3M or 5.2% of \$58M Operational Expenses Budget
 - Goal Implementation Cost: <\$3M
 - Goal Annual EHR Budget: <\$1M

Timeline for Decision

- June 30: Kick off with EHR Work Group
 - Work Group: Clinical Leaders, Physicians, IT (18 participants)
 - Selected vendors to arrange demos
- July/August
 - Demos Completed for Work Group:
 - MEDITECH Expanse – July 14th
 - Providence’s Community Technologies Epic – July 29th
 - Cerner Community Works – August 11th
 - Sunrise Community – August 17th
- August/September
 - Debriefed on Demos
 - Conducted Reference Calls
 - Completed Additional Department Demos
 - Preliminary Recommendations: Epic & Cerner
- September Meeting
 - Final questions & work group recommendations
- **October**
 - **Work Group Recommendations to SVH Admin**
- October 15
 - Final Admin Decision
- **October 21**
 - **Proposal due for Finance Committee**
- **October 25**
 - **Finance Committee Approval**
- **November 4**
 - **District Board Approval**

EHRs – Overview of Demos Seen

- **MEDITECH Expanse**
 - Community hospital solution
 - Cloud hosted database, fully integrated clinical and financial (Rev Cycle, GL, Payroll) applications
 - Healthcare Information Management included
- **Cerner Community Works**
 - Delivers Millennium platform customized for community hospitals
 - Hosted single integrated database
 - Designed to connect clinical & financial data via Revenue Cycle/GL integration
 - Healthcare Information Management included
- **Community Technologies Epic**
 - Instance hosted by Providence Health System
 - Hosted single integrated database
 - Delivers Epic platform customized for community hospitals
 - Care Everywhere integration with other Epic Facilities
- **Sunrise Community (Allscripts)**
 - Interoperability limited to CCD
 - Order Set modification allows for ‘on the fly’ changes
 - Navigation features improved, PACS & EKG integration

The Final Two

- Community Technologies Epic
(Hosted by Providence)



- Cerner Community Works



Similarities

- **Both** are Fully Integrated Electronic Health Record Solutions
- **Both** have an Application Suite Providing Solutions for Inpatient Care, Emergency Department, Hospital Outpatient Departments and business areas like HIM, Patient Access and Quality
- **Neither** have a Payroll solution
- **Both** Annual Costs over 10 years appear comparable & within SVH goals (Analysis is ongoing to confirm initial cost projections)
- **Both** Deliver Prebuilt Evidence Based Content
- **Both** Maintain Application Support & Maintenance Post Go Live
- **Both** Will Mean Loss of Change Control over EHR content – *we will be in a group of “like hospitals” with a shared database*

Differences

- **Cerner** utilizes “**External Link**” to provide Continuity of Care for viewing other hospital system’s clinical data;
- **EPIC** has “**internal**” **interoperability** across EPIC interfaces and beyond with “**Care Everywhere**”
- **EPIC** comes with the patient portal **My Chart** which integrates patient information across most EPIC instances.
- **Epic** does not include an integrated General Ledger Solution
- **Epic** does not include an integrated Materials Management Solution
- **Epic** implementation timeline is ½ of Cerner’s (6mo vs 12mo)
- **Epic** has a one-time fee for implementation cost
- **Cerner** bills monthly, no one-time fee, locks in 7-10 year contract

Demo Feedback

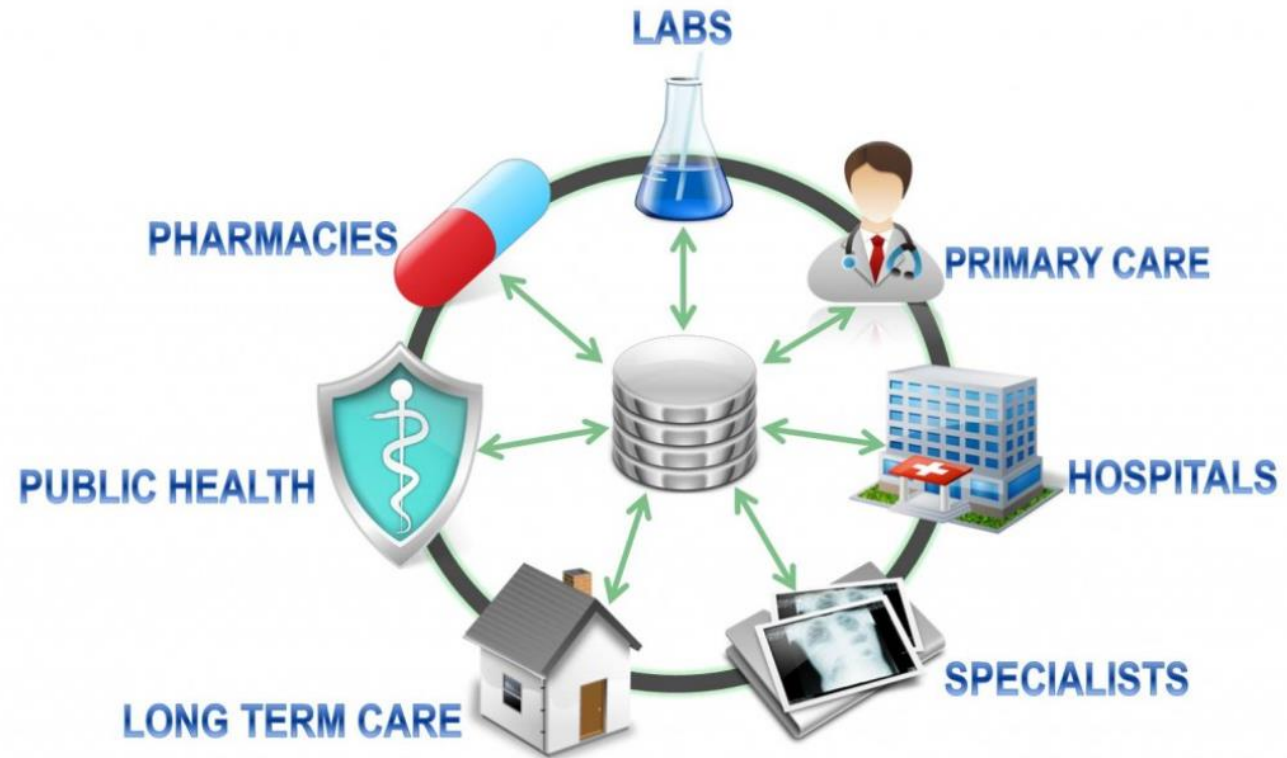
- Application Functionality and Q&A Sessions Offered to both Ancillary Clinical Departments and Non-Clinical Business Areas (we are pending business area follow up for Epic in Oct)
- Overall features and functions of solutions capable of meeting our needs
- All reported improvement over our current system!
- Epic sometimes appears “busier” or required additional steps than Cerner, however there was agreement SVH staff can adapt and learn either system with proper training at implementation

Reference Calls

We spoke with Grande Ronde which is a critical access hospital in eastern OR. The CIO led their EHR selection/transition from Paragon to Community Technologies Epic several years ago. In Summary:

1. They are very happy with the switch to Epic both financially & for clinician satisfaction (utilizing Sage for GL solution)
2. Interoperability with Epic has been a huge improvement to patient care – previously they had many pain points and work arounds, it was a real challenge to communicate effectively between facilities
3. Partnering with Providence to obtain their Epic instance has not impacted their ability to stay an independent institution

INTEROPERABILITY



“Care Everywhere”

Care Everywhere is Epic’s **Health Information Exchange**.

It provides access between Epic “instances” for clinicians to view patient information including: Labs, Notes, Hospital Care Summary, All encounters Problem Lists , Medications, Allergies, EKG and Imaging Views

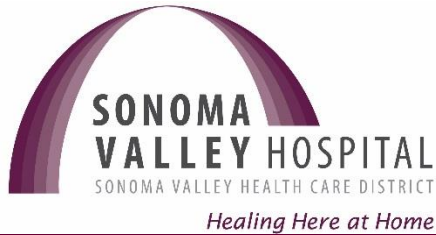


Next Steps

- Finalize cost projections and determine budget impact
- Present to Admin team
- Present to Finance Committee
- Present to SVCHD Board for approval



Thank You!



To: SVHCD Board of Directors
From: John Hennelly
Date: 10.07.21
Subject: Administrative Report

Summary: August (and September) continue the strong showing in July. While we trail pre-Covid volumes, there is a noticeable increase from earlier in 2021. I'm pleased to note we had no reportable quality events in August. Covid continues to dominate our time both with community support and with evolving requirements in the hospital. As of 9/30 all healthcare workers in the state of California are required to be vaccinated. Finally, the ODC is going through a transition as we replace the general contractor on the job.

Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	<ul style="list-style-type: none"> ➤ Terry McKinney, our new IT Director, started in September. He brings a wealth of knowledge from multiple industries including healthcare.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ Phase 1 of the ODC is on hold. We are ending our relationship with Dome Construction and are finalizing an agreement with another firm to complete the CT phase of the project. The final step in completing the CT phase is resolution of open items resulting from completion of air systems for the new suite. The contractors are estimating that the resolution may continue to the end of the calendar year. ➤ Phase 2 of the project is under review. ➤ Engagement continues with community groups and community members. ➤ The hospital continues to provide guidance to our community regarding Covid guidelines.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ The team continues to review possible electronic health record (EHR) solutions. A review of the leading vendors will be presented to the Board in October with a final decision brought to the board in November.
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. Roughly 10 of the 350 employees at the hospital have been granted exemptions. The remaining staff and doctors are vaccinated.



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: September 28, 2021
Subject: Financial Report for the Month Ending August 31, 2021

During the month of August the hospital continued to experience higher than budgeted outpatient services and emergency room visits. As for inpatient volumes the acute patient days were up over budget but inpatient surgery volumes were unfavorable. For the month of August the hospital's actual operating margin of (\$680,499) was \$326,133 favorable to the budgeted operating margin of (\$1,006,632). After accounting for all other activity; the net loss for August was (\$270,920) vs. the budgeted net income of \$32,602 with a monthly EBDA of -3.3% vs. a budgeted -12.7%.

Gross patient revenue for August was \$24,123,241; \$2,783,357 over budget. Inpatient gross revenue was under budget by (\$1,237,237). Inpatient days were over budget by 14 days and inpatient surgeries were under budget by (9) cases. Outpatient gross revenue was over budget by \$2,428,720. Outpatient visits were over budget by 204 visits, outpatient surgeries were over budget by 14 cases, and special procedures were at budget at 42 cases. The Emergency Room gross revenue was over budget by \$1,591,874 with ER visits over budgeted expectations by 232 visits.

Deductions from revenue were unfavorable to budgeted expectations by (\$2,299,249) due to higher gross revenue than budgeted. The hospital accrued \$70,338 for the payment finalization of the Non-Designated Public Hospital Intergovernmental Transfer (NDPH-IGT) program for FY 19/20. The hospital should receive these funds in September or October 2021.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$467,430.

Operating Expenses of \$4,593,261 were unfavorable to budget by (\$141,297). Salaries and wages and agency fees were over budget by (\$64,532) in clinical departments due to higher than budgeted volumes. Professional fees were over budget by (\$29,609) primarily due to higher than budgeted UCSF management costs. Utilities are over budget by (\$32,004) due to higher than average electrical usage; plant operations are still reviewing but the increased usage is likely due to the new air handlers installed in July for the CT project. The hospital had a matching fee of \$29,494 for the NDPH-IGT.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for August was (\$374,878) vs. a budgeted net loss of (\$688,989). In the month of August the hospital received \$101,291 in donations from the Sonoma Valley Hospital Foundation

primarily for the ODC construction costs. The total net loss for August after all activity was (\$270,920) vs. a budgeted net income of \$32,602.

EBDA for the month of August was -3.3% vs. the budgeted -12.7%.

Patient Volumes – August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	59	60	-1	65
Acute Patient Days	270	256	14	314
Observation Days	30	0	30	21
OP Gross Revenue	\$19,350	\$15,329	\$4,021	\$14,937
Surgical Cases	115	110	5	114

Gross Revenue Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	34.5%	39.8%	-5.3%	36.4%	39.7%	-3.3%
Medicare Mgd Care	18.1%	15.4%	2.7%	17.3%	15.5%	1.8%
Medi-Cal	17.5%	19.0%	-1.5%	16.6%	19.2%	-2.6%
Self Pay	1.9%	1.1%	0.8%	1.8%	1.1%	0.7%
Commercial	24.8%	21.6%	3.2%	24.8%	21.5%	3.3%
Workers Comp	3.2%	3.1%	0.1%	3.1%	3.0%	0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for August:

For the month of August the cash collection goal was \$3,932,031 and the Hospital collected \$3,605,339 or under the goal by (\$326,692). The year-to-date cash collection goal was \$7,721,047 and the Hospital has collected \$7,343,768 or under goal by (\$377,279).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	52.3	58.8	-6.5	68.6
Accounts Receivable Days	41.2	40.3	0.9	39.0
Accounts Payable	\$3,535,407	\$3,313,114	\$222,293	\$2,155,418
Accounts Payable Days	44.6	40.4	4.2	31.6

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 August 31, 2021

ATTACHMENT A

	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Gross Revenue:								
Medicare	8,305,652	8,475,035	-169,383	-2.0%	17,799,450	16,545,694	1,253,756	7.6%
Medicare Managed Care	4,361,227	3,292,099	1,069,128	32.5%	8,435,835	6,436,135	1,999,700	31.1%
Medi-Cal	4,219,881	4,058,953	160,928	4.0%	8,132,247	7,991,381	140,866	1.8%
Self Pay	456,936	226,619	230,317	101.6%	858,128	445,664	412,464	92.6%
Commercial & Other Government	6,019,709	4,631,282	1,388,427	30.0%	12,178,018	9,020,680	3,157,338	35.0%
Worker's Comp.	759,836	655,896	103,940	15.8%	1,509,727	1,267,807	241,920	19.1%
Total	24,123,241	21,339,884	2,783,357		48,913,405	41,707,361	7,206,044	

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Net Revenue:								
Medicare	923,306	1,025,227	-101,921	-9.9%	2,026,376	1,985,356	41,020	2.1%
Medicare Managed Care	474,766	379,908	94,858	25.0%	934,382	742,730	191,652	25.8%
Medi-Cal	430,747	407,408	23,339	5.7%	851,718	821,493	30,225	3.7%
Self Pay	178,862	85,503	93,359	109.2%	347,323	168,149	179,174	106.6%
Commercial & Other Government	1,626,014	1,333,231	292,783	22.0%	3,353,747	2,601,416	752,331	28.9%
Worker's Comp.	132,758	121,406	11,352	9.4%	271,038	234,671	36,367	15.5%
Prior Period Adj/IGT	70,338	-	70,338	*	70,338	-	70,338	*
Total	3,836,791	3,352,683	484,108	14.4%	7,854,922	6,553,815	1,301,107	19.9%

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Percent of Net Revenue:								
Medicare	24.1%	30.6%	-6.5%	-21.2%	25.8%	30.3%	-4.6%	-15.2%
Medicare Managed Care	12.4%	11.3%	1.1%	9.7%	11.9%	11.3%	0.6%	5.3%
Medi-Cal	11.2%	12.2%	-1.0%	-8.2%	10.8%	12.5%	-1.7%	-13.6%
Self Pay	4.7%	2.6%	2.1%	80.8%	4.4%	2.6%	1.8%	69.2%
Commercial & Other Government	42.3%	39.7%	2.6%	6.5%	42.7%	39.7%	3.0%	7.6%
Worker's Comp.	3.5%	3.6%	-0.1%	-2.8%	3.5%	3.6%	-0.1%	-2.8%
Prior Period Adj/IGT	1.8%	0.0%	1.8%	*	0.9%	0.0%	0.9%	*
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	11.1%	12.1%	-1.0%	-8.3%	11.4%	12.0%	-0.6%	-5.0%
Medicare Managed Care	10.9%	11.5%	-0.6%	-5.2%	11.1%	11.5%	-0.4%	-3.5%
Medi-Cal	10.2%	10.0%	0.2%	2.0%	10.5%	10.3%	0.2%	1.9%
Self Pay	39.1%	37.7%	1.4%	3.7%	40.5%	37.7%	2.8%	7.4%
Commercial & Other Government	27.0%	28.8%	-1.8%	-6.2%	27.5%	28.8%	-1.3%	-4.5%
Worker's Comp.	17.5%	18.5%	-1.0%	-5.4%	18.0%	18.5%	-0.5%	-2.7%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual</u> <u>08/31/21</u>	<u>Budget</u> <u>08/31/21</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>		<u>Actual</u> <u>08/31/21</u>	<u>Budget</u> <u>08/31/21</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>	<u>Prior</u> <u>Year</u> <u>08/31/20</u>
Inpatient Utilization								
Discharges								
1	43	48	(5)	Med/Surg	98	95	3	115
2	16	12	4	ICU	30	24	6	25
3	59	60	(1)	Total Discharges	128	119	9	140
Patient Days:								
4	167	168	(1)	Med/Surg	346	337	9	428
5	103	88	15	ICU	145	177	(32)	210
6	270	256	14	Total Patient Days	491	514	(23)	638
7	30	-	30	Observation days	61	-	61	41
Average Length of Stay:								
8	3.9	3.5	0.4	Med/Surg	3.5	3.5	(0.0)	3.7
9	6.4	7.3	(0.9)	ICU	4.8	7.4	(2.5)	8.4
10	4.6	4.3	0.3	Avg. Length of Stay	3.8	4.3	(0.5)	4.6
Average Daily Census:								
11	5.4	5.4	(0.0)	Med/Surg	5.6	5.4	0.1	6.9
12	3.3	2.8	0.5	ICU	2.3	2.9	(0.5)	3.4
13	8.7	8.3	0.5	Avg. Daily Census	7.9	8.3	(0.4)	10.3
Other Utilization Statistics								
Emergency Room Statistics								
14	831	599	232	Total ER Visits	1,638	1,236	402	1,458
Outpatient Statistics:								
15	4,814	4,610	204	Total Outpatients Visits	9,470	9,198	272	7,908
16	7	16	(9)	IP Surgeries	22	31	(9)	35
17	108	94	14	OP Surgeries	223	180	43	194
18	42	41	1	Special Procedures	109	79	30	71
19	298	213	85	Adjusted Discharges	630	414	216	473
20	1,363	908	456	Adjusted Patient Days	2,427	1,789	638	2,154
21	44.0	29.3	14.7	Adj. Avg. Daily Census	39.1	28.9	10.3	34.7
22	1.1736	1.4000	(0.226)	Case Mix Index - Medicare	1.2407	1.4000	(0.159)	1.5893
23	1.2220	1.4000	(0.178)	Case Mix Index - All payers	1.2929	1.4000	(0.107)	1.5634
Labor Statistics								
24	207	204	(3)	FTE's - Worked	205	203	(1.7)	211
25	230	226	(4)	FTE's - Paid	231	224	(6.4)	230
26	45.20	44.46	(0.74)	Average Hourly Rate	44.69	44.41	(0.28)	46.78
27	5.23	7.71	2.48	FTE / Adj. Pat Day	5.89	7.76	1.88	6.61
28	29.8	43.9	14.1	Manhours / Adj. Pat Day	33.6	44.2	10.7	37.6
29	136.4	187.4	51.0	Manhours / Adj. Discharge	129.3	191.0	61.8	171.3
30	24.5%	24.6%	0.0%	Benefits % of Salaries	24.6%	24.8%	0.2%	21.0%
Non-Labor Statistics								
31	14.1%	16.5%	2.4%	Supply Expense % Net Revenue	15.1%	16.7%	1.7%	15.6%
32	1,817	2,607	790	Supply Exp. / Adj. Discharge	1,881	2,648	767	2,261
33	16,186	21,324	5,139	Total Expense / Adj. Discharge	15,295	21,809	6,513	19,033
Other Indicators								
34	50.1			Days Cash - Operating Funds				
35	41.2	50.0	(8.8)	Days in Net AR	40.8	50.0	(9.3)	40.0
36	92%			Collections % of Net Revenue	95%			118.0%
37	44.6	55.0	(10.4)	Days in Accounts Payable	44.6	55.0	(10.4)	41.3
38	15.9%	15.7%	0.2%	% Net revenue to Gross revenue	16.1%	15.7%	0.3%	15.9%
39	17.7%			% Net AR to Gross AR	17.7%			16.0%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,491,246	\$ 2,242,111	\$ 1,966,728
2 Cash - Money Market	5,639,115	5,638,824	7,236,714
3 Net Patient Receivables	6,632,434	6,592,553	5,255,746
4 Allow Uncollect Accts	(1,399,958)	(1,477,415)	(978,181)
5 Net A/R	5,232,476	5,115,138	4,277,565
6 Other Accts/Notes Rec	1,856,041	1,818,190	6,953
7 Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8 GO Bond Tax Receivable	2,601,816	2,601,816	3,168,950
9 3rd Party Receivables, Net	81,243	10,905	334,672
10 Inventory	939,153	948,036	844,274
11 Prepaid Expenses	1,009,486	1,078,794	831,582
12 Total Current Assets	\$ 22,650,576	\$ 23,253,814	\$ 22,467,438
13 Property, Plant & Equip, Net	\$ 52,261,611	\$ 52,389,263	\$ 50,564,150
14 Trustee Funds - GO Bonds	6,115,138	6,115,089	5,668,992
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 82,027,325	\$ 82,758,166	\$ 78,700,580
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,535,407	\$ 3,313,114	\$ 2,155,418
18 Accrued Compensation	3,701,343	3,648,969	3,571,782
19 Interest Payable - GO Bonds	542,516	538,371	662,302
20 Accrued Expenses	1,530,251	1,918,872	1,525,926
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	3,166,670	3,483,337	3,166,654
23 Deferred GO Bond Tax Revenue	2,318,121	2,549,933	2,757,655
24 Current Maturities-LTD	424,998	430,034	309,412
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	252,339	252,412	121,966
27 Total Current Liabilities	\$ 20,945,379	\$ 21,608,776	\$ 19,744,849
28 Long Term Debt, net current portion	\$ 27,023,403	\$ 26,819,927	\$ 28,562,436
29 Fund Balances:			
30 Unrestricted	\$ 18,617,742	\$ 18,989,953	\$ 19,339,128
31 Restricted	15,440,801	15,339,510	11,054,167
32 Total Fund Balances	\$ 34,058,543	\$ 34,329,463	\$ 30,393,295
33 Total Liabilities & Fund Balances	\$ 82,027,325	\$ 82,758,166	\$ 78,700,580

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

ATTACHMENT D

	Month				Year-To-Date				YTD
	This Year		Variance		This Year		Variance		Prior Year
	Actual		\$	%	Actual	Budget	\$	%	
1	59	60	(1)	-2%					
2	270	256	14	5%					
3	30	-	30	0%					
4	\$ 19,350	\$ 15,329	\$ 4,021	26%					
5	\$ 4,773,643	\$ 6,010,880	(1,237,237)	-21%					
6	12,119,254	9,690,534	2,428,720	25%					
7	7,230,344	5,638,470	1,591,874	28%					
8	\$ 24,123,241	\$ 21,339,884	2,783,357	13%					
9	(20,154,588)	(17,809,630)	(2,344,958)	-13%					
10	(200,000)	(150,000)	(50,000)	-33%					
11	(2,200)	(27,571)	25,371	92%					
12	70,338	-	70,338	*					
13	\$ (20,286,450)	\$ (17,987,201)	(2,299,249)	13%					
14	\$ 3,836,791	\$ 3,352,683	484,108	14%					
15	\$ 75,971	\$ 92,649	(16,678)	-18%					
16	\$ 3,912,762	\$ 3,445,332	467,430	14%					
17	\$ 1,836,384	\$ 1,771,852	(64,532)	-4%					
18	681,088	672,033	(9,055)	-1%					
19	\$ 2,517,472	\$ 2,443,885	(73,587)	-3%					
20	\$ 541,529	\$ 511,920	(29,609)	-6%					
21	541,428	554,446	13,018	2%					
22	387,979	404,459	16,480	4%					
23	247,070	252,880	5,810	2%					
24	150,658	118,654	(32,004)	-27%					
25	50,782	46,909	(3,873)	-8%					
26	15,799	17,966	2,167	12%					
27	111,050	100,845	(10,205)	-10%					
28	29,494	-	(29,494)	*					
29	\$ 4,593,261	\$ 4,451,964	(141,297)	-3%					
30	\$ (680,499)	\$ (1,006,632)	\$ 326,133	32%					

	Year-To-Date				YTD
	This Year		Variance		Prior Year
	Actual	Budget	\$	%	
Volume Information					
Acute Discharges	128	119	9	8%	140
Patient Days	491	514	(23)	-4%	638
Observation Days	61	-	61	*	41
Gross O/P Revenue (000's)	\$ 38,993	\$ 29,748	\$ 9,246	31%	\$ 30,455
Financial Results					
Gross Patient Revenue					
Inpatient	\$ 9,919,960	\$ 11,959,687	(2,039,727)	-17%	\$ 12,839,514
Outpatient	24,145,635	18,543,579	5,602,056	30%	17,878,744
Emergency	14,847,810	11,204,095	3,643,715	33%	12,630,560
Total Gross Patient Revenue	\$ 48,913,405	\$ 41,707,361	7,206,044	17%	\$ 43,348,818
Deductions from Revenue					
Contractual Discounts	\$ (40,703,321)	\$ (34,798,404)	(5,904,917)	-17%	\$ (36,192,826)
Bad Debt	(400,000)	(300,000)	(100,000)	-33%	(250,000)
Charity Care Provision	(25,500)	(55,142)	29,642	54%	(33,000)
Prior Period Adj/Government Program Revenue	70,338	-	70,338	*	-
Total Deductions from Revenue	\$ (41,058,483)	\$ (35,153,546)	(5,904,937)	17%	\$ (36,475,826)
Net Patient Service Revenue	\$ 7,854,922	\$ 6,553,815	1,301,107	20%	\$ 6,872,992
Other Op Rev & Electronic Health Records	\$ 151,962	\$ 185,298	(33,336)	-18%	\$ 227,944
Total Operating Revenue	\$ 8,006,884	\$ 6,739,113	\$ 1,267,771	19%	\$ 7,100,936
Operating Expenses					
Salary and Wages and Agency Fees	\$ 3,639,837	\$ 3,515,988	(123,849)	-4%	\$ 3,793,048
Employee Benefits	1,383,062	1,340,990	(42,072)	-3%	1,288,056
Total People Cost	\$ 5,022,899	\$ 4,856,978	(165,921)	-3%	\$ 5,081,104
Med and Prof Fees (excl Agency)	\$ 1,076,977	\$ 1,022,916	(54,061)	-5%	\$ 814,958
Supplies	1,184,830	1,097,282	(87,548)	-8%	1,070,453
Purchased Services	856,870	808,917	(47,953)	-6%	806,692
Depreciation	494,095	505,760	11,665	2%	515,869
Utilities	297,592	241,420	(56,172)	-23%	222,307
Insurance	99,659	93,818	(5,841)	-6%	90,202
Interest	32,515	35,932	3,417	10%	40,267
Other	222,948	200,747	(22,201)	-11%	183,946
Matching Fees (Government Programs)	29,494	-	(29,494)	*	0
Operating expenses	\$ 9,317,879	\$ 8,863,770	(454,109)	-5%	\$ 8,825,798
Operating Margin	\$ (1,310,995)	\$ (2,124,657)	813,662	38%	\$ (1,724,862)

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

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ (11,046)	\$ 976	(12,022)	-1232%						\$ 42,283	
32	-	-	-	0%						0	
33	-	-	-	*						0	
34	316,667	316,667	-	0%						633,334	
35	0	0	-	0%						0	
36	<u>\$ 305,621</u>	<u>\$ 317,643</u>	<u>(12,022)</u>	<u>-4%</u>	Total Non-Operating Rev/Exp	<u>\$ 606,965</u>	<u>\$ 635,286</u>	<u>(28,321)</u>	<u>-4%</u>	<u>\$ 675,617</u>	
37	<u>\$ (374,878)</u>	<u>\$ (688,989)</u>	<u>314,111</u>	<u>-46%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (704,030)</u>	<u>\$ (1,489,371)</u>	<u>785,341</u>	<u>-53%</u>	<u>\$ (1,049,245)</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 101,291	\$ 523,803	(422,512)	0%	Restricted Foundation Contributions	\$ 223,245	\$ 1,047,606	(824,361)	100%	\$ 1,759,234	
40	<u>\$ (273,587)</u>	<u>\$ (165,186)</u>	<u>(108,401)</u>	<u>66%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ (480,785)</u>	<u>\$ (441,765)</u>	<u>(39,020)</u>	<u>9%</u>	<u>\$ 709,989</u>	
41	2,667	197,788	(195,121)	-99%	GO Bond Activity, Net	144,748	389,493	(244,745)	-63%	366,368	
42	<u>\$ (270,920)</u>	<u>\$ 32,602</u>	<u>(303,522)</u>	<u>-931%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ (336,037)</u>	<u>\$ (52,272)</u>	<u>(283,765)</u>	<u>543%</u>	<u>\$ 1,076,357</u>	
	\$ (127,808)	\$ (436,109)	308,301		EBDA - Not including Restricted Contributions	\$ (209,935)	\$ (983,611)	773,676		\$ (533,376)	
	-3.3%	-12.7%				-2.6%	-14.6%			-7.5%	

* Operating Margin without Depreciation expense:

\$ (680,499)	\$ (1,006,632)	\$ 326,133	32%	Operating Margin	\$ (1,310,995)	\$ (2,124,657)	\$ 813,662	38%
247,070	252,880	5,810	2%	Add back Depreciation	494,095	505,760	11,665	2%
<u>\$ (433,429)</u>	<u>\$ (753,752)</u>	<u>\$ 331,943</u>	<u>42%</u>	Operating Margin without Depreciation expense	<u>\$ (816,900)</u>	<u>\$ (1,618,897)</u>	<u>\$ 825,327</u>	<u>50%</u>

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

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	(123,849)	(64,532)	Salaries and wages are over budget by (\$23,934) and agency fees are over by (\$40,598) due to increased OP volumes.
Employee Benefits	(42,072)	(9,055)	
Total People Cost	(165,921)	(73,587)	
Med and Prof Fees (excl Agency)	(54,061)	(29,609)	Professional fees are over budget due to higher than budgeted UCSF management costs.
Supplies	(87,548)	13,018	
Purchased Services	(47,953)	16,480	
Depreciation	11,665	5,810	
Utilities	(56,172)	(32,004)	Utilities are higher than budgeted due to increased usage in August.
Insurance	(5,841)	(3,873)	
Interest	3,417	2,167	
Other	(22,201)	(10,205)	
Matching Fees (Government Programs)	(29,494)	(29,494)	NDPH-IGT matching fee.
Operating expenses	(454,109)	(141,297)	

Sonoma Valley Hospital
Cash Forecast
FY 2022

ATTACHMENT F

	Actual July	Actual 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	3,604,012	3,454,418	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	43,562,137
2 Other Operating Revenue	50,926	33,133	92,649	92,649	92,649	92,649	77,649	77,649	77,649	77,649	77,649	77,637	920,537
3 Other Non-Operating Revenue	10,121	10,229	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,516	14,518	165,512
4 Unrestricted Contributions	14,875												14,875
5 Line of Credit													-
Sub-Total Hospital Sources	3,844,535	3,647,375	3,561,583	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	44,663,061
Hospital Uses of Cash													
6 Operating Expenses	5,686,921	4,339,055	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	52,950,333
7 Add Capital Lease Payments	116,550	26,560											143,110
8 Additional Liabilities/LOC			22,115	22,140	22,166	89,458	14,502	14,502	14,502	14,502	14,502	82,109	310,498
9 Capital Expenditures	114,099	104,421	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,511	5,473,639
Total Hospital Uses	5,917,571	4,470,037	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	58,877,580
Net Hospital Sources/Uses of Cash	(2,073,036)	(822,662)	(1,118,758)	(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)	(14,214,520)
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	101,291	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,512	525,511	5,463,489
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				70,338			2,674,000					89,000	2,833,338
16 IGT - AB915											335,000		335,000
17 QIP													-
Sub-Total Non-Hospital Sources	271,080	101,291	1,525,512	2,595,850	525,512	2,575,512	1,199,512	525,512	525,512	2,187,512	860,512	614,511	13,507,827
Non-Hospital Uses of Cash													
18 Matching Fees		29,494		1,096,301								44,500	1,170,295
Sub-Total Non-Hospital Uses of Cash	-	29,494	-	1,096,301	-	-	-	-	-	-	44,500	-	1,170,295
Net Non-Hospital Sources/Uses of Cash	271,080	71,797	1,525,512	1,499,549	525,512	2,575,512	1,199,512	525,512	525,512	2,187,512	816,012	614,511	12,337,533
Net Sources/Uses	(1,801,956)	(750,865)	406,754	360,459	(582,400)	1,323,357	36,507	(564,118)	(525,486)	1,061,457	(265,396)	(575,300)	
Operating Cash at beginning of period	4,044,067	2,242,111	1,491,246	1,898,000	2,258,459	1,676,059	2,999,416	3,035,923	2,471,805	1,946,319	3,007,776	2,742,380	
Operating Cash at End of Period	2,242,111	1,491,246	1,898,000	2,258,459	1,676,059	2,999,416	3,035,923	2,471,805	1,946,319	3,007,776	2,742,380	2,167,080	
Money Market Account Balance - Unrestricted	5,638,824	5,639,115	4,639,115	2,639,115	2,639,115	2,639,115	4,639,115	4,639,115	4,639,115	4,639,115	4,639,115	4,639,115	
Total Cash at End of Period	7,880,935	7,130,361	6,537,115	4,897,574	4,315,174	5,638,531	7,675,038	7,110,920	6,585,434	7,646,891	7,381,495	6,806,195	
Average Days of Cash on Hand	58.8	52.3											
Days of Cash on Hand at End of Month	54.6	50.1	44.5	33.3	29.4	38.4	52.2	48.4	44.8	52.0	50.2	46.3	



To: SVHCD Board of Directors
From: John Hennelly, President and CEO
Meeting Date: October 7, 2021
Subject: Allscripts Contract Update

The hospital requests approval for an 18-month contract extension for the existing EHR. The electronic health record is provided by Allscripts. The extension will provide time for the hospital to assess and implement a new EHR. The Allscripts extension for \$1, 472,319, includes a 15% increase over the prior contract. The term is for 18 months.



SVHCD Board of Directors

Orientation Manual and Reference Guide

The District Board Clerk will provide new members with this Orientation Manual

Orientation Manual

- District Mission, Vision and Values Statements

The Mission of the Sonoma Valley Health Care District is to maintain, improve and restore the health of everyone in our community.

***OUR VISION:** A trusted resource in providing exceptional, compassionate healthcare.*

OUR VALUES: C.R.E.A.T.I.N.G

***Compassion:** We show consideration of the feelings of others at all times.*

***Respect:** We honor and acknowledge the value of the people, places and resources in providing care.*

***Excellence:** We strive to exceed the expectations of the people we serve.*

***Accountability:** We are reliable, self-responsible owners of the outcomes of our organization.*

***Teamwork:** We are productive and participative staff members who energize others.*

***Innovation:** We seek new and creative solutions to deliver quality healthcare.*

***Nurturing:** We cultivate, develop and educate those with whom we work to achieve their highest potential.*

***Guidance:** We direct and lead our community members through their healthcare journey and in health improvement.*

- Hospital History

<https://www.sonomavalleyhospital.org/healthcare-district-information/hospital-history/>

- District Information

<https://www.sonomavalleyhospital.org/healthcare-district-information/>

- **Conflict of Interest Code**
<https://www.sonomavalleyhospital.org/wp-content/uploads/2011/08/Conflict-of-Interest-Policy-P-2018.02.01-2-F.pdf>
- **Brown Act**
 Q&A (see attachment A)
 The Brown Act is contained in California Government Codes 54950-54963
- **FY Operating Budget**
<https://www.sonomavalleyhospital.org/healthcare-district-information/finance-committee/>
- **Annual Report**
<https://www.sonomavalleyhospital.org/annual-reports/>
- **District 3-Year Rolling Strategic Plan**
<https://www.sonomavalleyhospital.org/strategic-planning/>
- **Board and Board Committee Meeting Calendar**
<https://www.sonomavalleyhospital.org/healthcare-district-information/calendar/>
- **District web site address**
<https://www.sonomavalleyhospital.org>
- **District By-Laws**
<https://www.sonomavalleyhospital.org/wp-content/uploads/2021/09/SVHCD-Bylaws-Amended-and-Approved-09.02.21.pdf>
- **Board Members**
<https://www.sonomavalleyhospital.org/healthcare-district-information/board-of-directors/>
- **Approved Board Policies**
<https://www.sonomavalleyhospital.org/healthcare-district-information/board-of-directors/#policies>
- **Board Committee Charters**
 - **Finance Committee**
<https://www.sonomavalleyhospital.org/healthcare-district-information/finance-committee/>
 - **Governance Committee**
<https://www.sonomavalleyhospital.org/healthcare-district-information/governance-committee/>

- **Quality Committee**
<https://www.sonomavalleyhospital.org/healthcare-district-information/quality-committee/>

- **Affiliation Oversight Committee**

- **Hospital Organizational Chart**
 Board Clerk to provide copy of current Organizational Chart
- **Meeting Schedules and Current Board Calendar**
 Board Clerk to provide current copy of Current Board Calendar
- **District Relationships and Affiliations**
<https://www.sonomavalleyhospital.org/healthcare-district-information/#healthcare>
- **Sonoma Valley Hospital Foundation**
<https://www.svhfoundation.com/>
- **California Health Care District Law**
<http://achd.org/wp-content/uploads/sites/6/2015/12/ACHD-HCD-Code-12.15-FINAL.pdf>
- **Brown Act resources**
<https://firstamendmentcoalition.org/facs-brown-act-primer/>

Orientation Activities

- Tour of the Hospital
- Introduction to Hospital Leadership Staff
- Trainings for elected officials. Board Clerk to provide contact information for online education.
 1. Ethics Training - required by The State
 2. Sexual Harassment Avoidance Training - required by The State
 3. Proper Roles for Elected Officials
 4. The Brown Act

Attachment A

Brown Act Questions and Answers

Standing Board Committees

If a third Board member (not a member of the committee) attends a Standing Board Committee meeting (a public meeting that has been agendized) under what circumstances, if any, can that Board member make a comment at the meeting?

Ans: A third Board member may attend, but cannot comment at the meeting unless the meeting has been agendized as a Committee of the Whole Board.

Note: In the event that a regular Board member on a Standing Board Committee is absent from the meeting, an alternate Board member may be temporarily appointed to the Committee for the meeting by the Chair of the Board or by the Chair of the Committee and may participate as a regular member of the committee for that meeting.

CEO – Board Communication

May the CEO provide information to all of the Board members (via letter or e-mail) without disclosing that information publicly?

Ans: Yes, but the information must then be available to any member of the public who requests the information. Emails are public records. The communication must be one way, CEO to Board members. One on one follow up questions on the subject from a Board member to the CEO would also not be a violation.

When the CEO responds to a specific question from a Board member, may the question and the response be directed to all Board members (presuming that the question does not relate to HIPPA or personnel privacy issues)

Ans: Yes, same restrictions as above

May a Board member send information to the CEO and request that the information be distributed to all Board members?

Ans: Yes, same restrictions as above

What limitations are there, if any on the information that the Board Chair communicates to the other four Board members in the Chair's role as the Board contact person with the CEO.

Ans: None, same restrictions as above

Agendas

Agendas for Board meetings and Board Committee meetings are published 72 hours in advance of the meeting. At the time the agendas are issued, information about the items on the agenda are included in a "packet" of information and distributed with the agendas.

Can additional information for an item on the agenda, that becomes available after the "packets" are distributed, be distributed during the 72 hour period prior to the meeting or must this information be held and distributed at the meeting?

Ans: Yes, providing that all of the subsequent information is available to the public and all of the Board members at the meeting

Closed Sessions

On p. 37 of the Open & Public IV Guide to the Brown Act, under Hospital Peer Review and Trade Secrets, it states: Two specific kinds of closed sessions are allowed for district hospitals

"To hear reports of hospital medical audit or quality assurance committees, or for related deliberations"

"To hold closed sessions to discuss reports involving trade secrets"

The first appears to be a clear definition, but the second is not as clear. What constitutes a trade secret? Would it include the recruitment of a new doctor? Would it include a discussion of the cost/revenue relationship for a service provided or to be provided at the Hospital? What guidelines would be appropriate for determining if the subject would be considered a trade secret?

Are there any other circumstances where the law allows subjects to be discussed in closed session?

Ans: The District by-laws stipulate in Section 4 Committees:

Closed Board meetings may be held for purposes of considering the appointment, employment, evaluation of performance, discipline, dismissal or to hear complaints or charges concerning a Hospital employee or member of the Medical Staff; in consideration of pending litigation; or in matters of negotiations concerning real property, labor contracts, or discussion of trade secrets. Closed meetings shall be announced, conducted, and reported in accordance with the Brown Act, and the public may not participate. Standing committees may hold closed meetings if their charter or Board delegation includes issues allowing closed meetings.

Trade secrets may include new services, programs or facilities for the district, but they may not include "existing services" unless these services are being expanded. Trade secrets **do not** include new or existing services, programs or facilities of competitors.

No actions may be taken in closed sessions, except for the following: Labor and real estate negotiations anticipate that the board can give direction to their negotiators. In litigation sessions it is understood that the board can give direction to its lawyers or management in litigation related matters.

No action can be taken in trade secret sessions.

Board Training and Team Building

Is there a way that the Board could meet (for teambuilding/discussion reasons etc.) without having to announce/agendize it?

Ans: No

General

Can more than two board members meet with representatives (like congressmen) in an informational session without public notice?

Ans: No

CEO Compensation

Can a discussion of CEO performance be conducted in closed session?

Ans: Board discussion of performance and compensation adjustments can take place in closed session if BOTH a "Personnel: performance evaluation (CEO)" and "Labor Negotiations, CEO Contract, Board Chair District Negotiator" are put on a closed session agenda. Any follow up action on a compensation adjustment or incentive performance award must be placed on a public meeting agenda and voted upon in public.

With regard to the Brown Act and any other disclosure requirements, what must be made public about the CEO's compensation?

Ans: At the public meeting the item must be described on the agenda, e.g., "Consideration of CEO Compensation Adjustment and Performance Incentive Award" to meet the notice requirements. In addition it is best to have a written memo before the Board (perhaps from the Chair; a public document available to the public) spelling out the proposed compensation adjustment and incentive award numbers. A motion would then be made and seconded to approve the compensation incentive and performance award as presented.

Employee benefits that are unchanged are not required to be disclosed at the meeting. There is no affirmative mandate to disclose or reveal any information that is not subject to board consideration or vote as set forth on the agenda.

However, the CEO contract and salary information is all public record and must be disclosed if requested by a member of the public.



To: SVHCD Board of Directors
From: Bill Boerum, Member & Chair of the Governance Committee
Meeting Date: October 7, 2021
Subject: Nomination of Amy O’Gorman Jenkins to Governance Committee

Background:

During 2019, Joshua Rymer and I, as Members of the Governance Committee discussed the merits of adding a community member to the Committee, it being the only board advisory committee without provision for a member from the community. We recommended that change for the Committee’s charter and with Board approval, it became effective in November of that year.

It is now timely to add a member to the Committee from the community. Very frankly with a number of years of service on the Committee including as Committee Chair, as well as many years on the Board, I was looking for someone who would bring fresh eyes and insights to the responsibilities of the Committee, even if that person had not previously been active in hospital-related volunteerism, and preferably someone who understood the workings of government entities, and who would have skills and experience beyond those of the Board and other Committee members.

To quote the Committee Charter:

The Governance Committee shall assist the Board in its responsibility to ensure that the Board functions effectively. To this end the GC shall:

- Formulate policy to convey Board expectations and directives for Board action;
- Make recommendations to the Board among alternative courses of action;
- Provide oversight, monitoring, and assessment of key organizational processes and outcomes.

There are several areas of Committee responsibility, each having additional text in the Charter:

- Board Development including New Member Orientation and Continuing Education of the Board
- Board Self-Assessment
- Develop Policies and Recommend Decisions
- Oversight and Compliance
- Legislation

Not all these areas have been fulfilled. Much of the Committee's recent work has been in reviewing and recommending the updating of District bylaws, policies, and other governance policies and procedures.

It is a pleasure to report that Amy O'Gorman Jenkins, whom I have known favorably for a number of years, has been recruited to fulfill the role as the first Community Member on the Governance Committee. She graduated from Sonoma Valley High School, going on to graduate with a Bachelor of Arts in Politics from UC Santa Cruz in 1995. She and her husband have lived in Sonoma for more than 20 years. Given a very active professional life in Sacramento and around the state, she has no other community involvement in Sonoma.

Currently, she is the President of her own political advisory firm based in Sacramento, Precision Advocacy which she founded three years ago. Amy previously was for three years a Legislative Advocate for Platinum Advisors (Darius Anderson). Much of her advocacy work has been regarding cannabis legislation and regulation. Her firm's areas of expertise encompass: issue

advocacy; government relations and lobbying; legislative & regulatory monitoring; coalition building; and strategic planning & consulting.

Amy brings to her clients over two decades of experience in state legislative and regulatory development and public affairs at the state and local levels, and with trade associations in matters involving California finance law, environmental regulations, and consumer product safety. She has been Chief of Staff for a State Senator (three years), a Public Affairs Officer for Solano County (three years) and worked for seven years for the League of California Cities (Director of its Grass Roots Program). Her current local government and private sector clients include Orange and San Bernadino Counties, the California Cannabis Industry Association, SPARC, and the International Cannabis Farmers Association. She has no agenda for Sonoma Valley Hospital regarding cannabis (nor do I).

I believe that Amy will bring unique skills and experience benefiting the responsibilities of the Governance Committee, and the Board and the District. Given her extensive knowledge and wide network in Sacramento, she may be able to help us there in the legislative and regulatory thickets as well as effective approaches with the federal government.



Recommendation:

On behalf of myself as well as Board Chair Joshua Rymer – who also interviewed her - it is a pleasure to recommend the appointment of Amy Jenkins to the Governance Committee.

RESOLUTION NO. 362

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SONOMA VALLEY HEALTHCARE DISTRICT PROCLAIMING A LOCAL EMERGENCY PERSISTS, RE-RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY AB361, AND RE-AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF SONOMA VALLEY HEALTHCARE DISTRICT FOR THE PERIOD OCTOBER 1ST, 2021 TO OCTOBER 31ST, 2021 PURSUANT TO BROWN ACT PROVISIONS.

WHEREAS, the SONOMA VALLEY HEALTHCARE DISTRICT is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of SONOMA VALLEY HEALTHCARE DISTRICT's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provision for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, as a condition of extending the use of the provisions found in section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions persist throughout the State of California, specifically, where the governor of the state signed emergency legislation to permit the continued use of online and teleconferencing for public meetings in AB361; and

WHEREAS, COVID-19 continues to circulate in moderate to serious levels across the County and the District; and

WHEREAS, SONOMA VALLEY HOSPITAL maintains strict social distancing and vaccination requirements throughout its facilities; and

WHEREAS, SONOMA VALLEY HEALTHCARE DISTRICT acts as role model for safe behavior for the community; and

WHEREAS, Sonoma County's Public Health Officer has strongly recommended that, in compliance with Government Code 54953(e), local government agencies continue to hold public meetings via online and via teleconference (<https://socoemergency.org/recommendation-of-the-health-officer-public-meetings/>); and

WHEREAS, SONOMA VALLEY HEALTHCARE DISTRICT Chief Medical Officer has recommended that all public meetings be conducted online or via teleconference to minimize the risk of COVID-19 transmission; and

WHEREAS, the Board of Directors does hereby find that the ongoing pandemic and need to maintain social distance in public gatherings would create an unnecessary risk to staff, board members and the public, has caused, and will continue to cause, conditions of peril to the safety of persons within the District that are likely to be beyond the control of services, personnel, equipment, and facilities of the District, and desires to affirm a local emergency exists and re-ratify the proclamation of state of emergency by the Governor of the State of California; and

WHEREAS, as a consequence of the local emergency persisting, the Board of Directors does hereby find that the legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT shall continue to conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall continue to comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, all Sonoma Valley Healthcare District Board and Committee meetings will be fully noticed and agenzied in compliance with the Brown Act and accessible to all via video conference. In addition, public comment will be permitted up to and including during the public comment portion of each meeting.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTHCARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Affirmation that Local Emergency Persists. The Board of Directors hereby considers the conditions of the state of emergency in the District and proclaims that a local emergency persists throughout the District, and

WHEREAS, COVID-19 CONTINUES TO CIRCULATE IN MODERATE TO SERIOUS LEVELS ACROSS THE COUNTY, SONOMA VALLEY HOSPITAL MAINTAINS STRICT SOCIAL DISTANCING AND VACCINATION REQUIREMENTS IN ITS FACILITIES; AND,

WHEREAS THE COUNTY'S PUBLIC HEALTH OFFICER AND THE HOSPITAL'S CHIEF MEDICAL OFFICER RECOMMEND AGAINST HOLDING IN-PERSON, PUBLIC MEETINGS INDOORS.

Section 3. Re-ratification of Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of September 16th 2021.

Section 4. Remote Teleconference Meetings. The Chief Executive Officer and legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, continuing to conduct open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) November 6th, 2021, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of SONOMA VALLEY HEALTHCARE DISTRICT may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

PASSED AND ADOPTED by the Board of Directors of SONOMA VALLEY HEALTHCARE DISTRICT, this 7th day of October, 2021, by the following vote:

AYES:

NOES:

ABSENT: None

ABSTAIN: None