



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

AGENDA

THURSDAY, JANUARY 6, 2022

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=enBpRWIyYkNlbnENlYkdqbWFvRmZTUT09>

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. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. BOARD CHAIR COMMENTS</p>	<i>Rymer</i>		
<p>4. CONSENT CALENDAR</p> <ul style="list-style-type: none"> a. Board Minutes 12.02.21 b. Special Meeting Minutes 12.09.21 c. Finance Committee Minutes 11.23.21 d. Quality Committee Minutes 10.27.21 e. Resolution 362: Brown Act Amendment AB 361 -Flexibility for Virtual Meetings f. Policy and Procedures 		Action	Pages 1-17

4. BOARD MEMBER COMMITTEE ASSIGNMENTS	<i>Rymer</i>	Action	
5. QUALITY COMMITTEE WORKPLAN	<i>Mainardi</i>	Action	Page 18
6. ADMINISTRATIVE REPORT FOR DECEMBER 2021	<i>Hennelly</i>	Inform	Pages 19 - 21
7. ODC GC CONTRACT APPROVAL, SUBJECT TO MINOR REVISIONS APPROVED BY DISTRICT STAFF AND LEGAL COUNSEL TO CONFORM TO APPLICABLE LAW AND OTHER MATTERS, COMPLETION OF PHASE 1	<i>Hennelly</i>	Action	
8. CMO REPORT	<i>Kidd</i>	Inform	Pages 22 - 23
9. FINANCIALS FOR MONTH END NOVEMBER 2021	<i>Dungan</i>	Inform	Pages 24 - 33
10. BOARD COMMENTS	<i>Board Members</i>		
11. 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, DECEMBER 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 6:01 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 Litigation – Approved Contract Settlement related to ODC</u>		
b. <u>Calif. Government Code § 37606 and Health and Safety Code § 32106: Trade Secret Regarding Proposed New Services and Contract Negotiations</u>		
4. REPORT ON CLOSED SESSION	<i>Rymer</i>	
The closed session was held to discuss a contract settlement related to ODC and trade secrets regarding proposed new services. The closed session was informational only; no decisions were made.		
5. PUBLIC COMMENT		
None		
6. BOARD CHAIR COMMENTS		
None		
7. CONSENT CALENDAR	<i>Rymer</i>	Action
a. Board Minutes 11.04.21 b. Audit Committee Minutes 10.26.21 c. Finance Committee Minutes 10.26.21 d. Governance Committee Minutes 10.20.21 e. Annual Report f. Resolution 362: Brown Act Amendment AB 361 - Flexibility for Virtual Meetings g. Acknowledging Election Results h. Medical Staff Credentialing	<i>Rymer</i>	MOTION: by Mainardi to approve, 2 nd by Bjorndal. All in favor.
8. ELECT DISTRICT OFFICERS	<i>Rymer</i>	Action
Mr. Rymer discussed the election of district officers. He proposed a slate that he continue as Board Chair in 2022, Dr. Bjorndal as First		MOTION: by Rymer to approve, 2 nd by Boerum. All in favor of slate.

Vice Chair, Dr. Mainardi as Second Vice Chair, Mr. Boerum as treasurer, and Ms. Susan Kornblatt Idell as secretary.		
8. AGREEMENT TO TERMINATE DOME	<i>Hennelly</i>	
Deferred to Special Board Meeting on 12/9/21 at 6:15 p.m.		
9. EXCEPTION FOR EMERGENCY CONTRACT	<i>Hennelly</i>	
Deferred to Special Board Meeting on 12/9/21 at 6:15 p.m.		
10. EHR CONTRACT	<i>Kidd/ Hennelly</i>	Action
Mr. Hennelly recognized the team for their research and work, he stated numerous vendors were evaluated before choosing EPIC. Dr. Kidd reviewed the EHR contract document. The current EHR is at the end of life. With EPIC, incoming, and outgoing information can be shared; patients, hospital, clinics, and labs will have access to shared patient information (with the consent of patients). EPIC is used by UCSF, Sutter Health, Marin Health, Providence, and other facilities. Interoperability is the most important aspect in choosing the new EHR. Patient information can be shared between facilities that use EPIC.		MOTION: by Boerum to approve, 2 nd by Kornblatt Idell. All in favor.
11. QIP BRIDGE LOAN APPROVAL	<i>Dungan/ Jensen</i>	Action
The QIP loan will help with operating cash levels while the EHR and other projects are being completed. QIP is a two-year loan at zero percent interest, with a 1% administrative fee. It is secured by medical revenue and the QIP payment expected in 2024. There is a possibility that the loan may be converted to a grant by the legislature at a later date. The loan application has been submitted. The loan was approved by the Board subject to a waiver being sought from the hospital's lender regarding certain conditions of the loan.		MOTION: by Boerum to approve, 2 nd by Bjorndal. All in favor, subject to bank waiver.
12. PROJECT/CAPITAL SPENDING CHART (revised)	<i>Dungan/ Jensen</i>	
Ms. Dungan reviewed the revised Project/Capital Spending Chart. The only revision to the chart was the ODC project cost. After the Dome settlement the Foundation will continue funding the project, however, the hospital will cover any cost overruns for Phase 1.		
13. ADMINISTRATIVE REPORT FOR NOVEMBER 2021	<i>Hennelly</i>	
Mr. Hennelly reviewed the Administrative Report. He stated the hospital continues to see increased volumes, the ER continues to grow and COVID cases continue to decrease. Mr. Hennelly said he is using the Boards feedback to drive strategic priorities.		
14. GOVERNANCE & FINANCE WORKPLAN APPROVAL	<i>Boerum</i>	Action
Mr. Boerum reviewed the Governance & Finance Workplan for 2022.		MOTION: Motion by Boerum to approve, 2 nd by Rymer. All in favor, subject to revisions,

15. BOARD OF DIRECTORS WORKPLAN APPROVAL	<i>Rymer</i>	Action
Mr. Rymer reviewed the Board of Directors Workplan for 2022.		MOTION: Motion by Boerum to approve, 2 nd by Rymer. All in favor, subject to revisions,
16. CMO REPORT	<i>Kidd</i>	
Dr. Kidd reviewed her CMO report. Local COVID-19 cases for the last month have plateaued because of strict protocols. Hospital continues to test for COVID and vaccinate. Staff has volunteered with the pediatric health clinic this month, second doses in the schools are expected in January 2022. A temporary MRI technician will begin in early December. New medical staff will be starting soon, including a new General Surgeon and two Orthopedic Surgeons.		
17. FINANCIALS FOR MONTH END OCTOBER 2021	<i>Dungan</i>	
Ms. Dungan mentioned two items that were discussed at the last Finance Committee meeting, a significant variance in the cash received for the rate range IGT and ongoing cash collections. IGT normally covers a 12-month period, the State is moving to a 6-month IGT period. Any shortfall will be eventually made up, but not until the program ends. The cash goal was met for November 2021. For FY 2021 the hospital is \$800K over cash collection goal. Day's cash on hand were 40, A/R days were 45.9, A/P was \$3.7M, A/P days were 45.8. Matching fee was a positive variance. Operating margin was unfavorable by \$2M due to rate range IGT. Month ended with income of \$848,817, EBDA 14.3%, YTD EBDA 2.4%.		
18. DISCUSSION ABOUT IN PERSON BOARD/COMMITTEE MEETINGS	<i>Rymer/Kidd</i>	
Dr. Kidd advised the board to continue meeting online due to the risk of a possible increase in COVID-19 numbers based on the spike in cases and holiday travel. She said we should reevaluate the need to meet in-person at the February 2022 Board meeting. Mr. Rymer spoke with the legal firm regarding any return to in-person meetings. BBK said that if the Board decides to go back to public meetings, it is possible for committees to have separate and distinct decisions about in-person meetings based on membership and conditions under which they meet.		
19. BOARD COMMENTS	<i>Board Members</i>	
None		
18. ADJOURN	<i>Rymer</i>	
Adjourned at 7:25 pm		



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

MINUTES

THURSDAY DECEMBER 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 6:15 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		
4. AGREEMENT TO TERMINATE ODC CONTRACTOR	<i>Rymer/ Hennelly</i>	Action
Mr. Hennelly reviewed the proposed Agreement to Terminate ODC Contractor. The hospital is seeking the Boards approval to terminate Dome Construction/Taylor Design and Emergency approval to assign the contract to GMH Builders of Sonoma.		MOTION: by Mr. Mainardi to approve, 2 nd by Ms. Bjorndal. All in favor.
5. EXCEPTION FOR EMERGENCY CONTRACT	<i>Rymer/ Hennelly</i>	Action
Mr. Hennelly reviewed the Exception for Emergency Contract. The hospital is seeking the Board's approval to complete the CT Project – Phase 1 of the ODC as an emergency contract.		MOTION: by Mr. Mainardi, 2 nd by Kornblatt Idell. Vote by roll call with 5 ayes, motion passed.
6. ADJOURN		
Adjourned at 6:42 p.m.		



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

Present		Staff	Public	
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	Bill Boerum (absent)	John Hennelly via Zoom Terry McKinney via Zoom Kimberly Drummond via Zoom Ken Jensen via Zoom Sarah Dungan via Zoom Dawn Kuwahara CAO via Zoom Jenny Fontes 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>Rymer</i>			
	Called to order at 5:00 pm			
2. PUBLIC COMMENT SECTION	<i>Rymer</i>			
	None			
3. CONSENT CALENDAR	<i>Rymer</i>			
a. Finance Committee Minutes 10.26.21 b. Audit Committee Minutes 10.26.21	The Finance and Audit Committee Minutes of 10.26.21 were reviewed.		MOTION: by Flynn to approve, 2 nd by Grandy. All in favor.	
4. ODC PROJECT UPDATE	<i>Hennelly</i>			
	Mr. Hennelly said the ODC project is continuing to move forward. The new architects are reviewing the project before a decision is made on which direction to go. The architecture firm can move forward after the Board approves a separation agreement.			
5. ODC CONTRACT SETTLEMENT	<i>Hennelly</i>			
	Mr. Hennelly reported on the ODC Contract Settlement			

	<p>agreement, He said they have agreed to a settlement with DOME. He will engage the new contractors to finish phase 1 of the project with Board approval and will negotiate with the subcontractors directly. After discussion, Mr. Rymer stated there will be a closed session to discuss the initial hiring of the ODC contractors.</p>		
<p>6. EHR CONTRACT PROPOSAL</p>	<p><i>Kidd</i></p>		
	<p>Dr. Kidd reviewed the EHR Contract Proposal. Allscripts/Paragon product is at the end of life. She is seeking approval for a new EHR solution. Interoperability is one of the most important goals of the new EHR system. Incoming and outgoing information can be shared; patients, hospital, clinics, and labs will have access to information. Community Technologies EPIC stands out as a leader in the United States for interoperability. It is used by UCSF, Sutter Health, Marin Health, Providence, and many other facilities. Patient information can be shared between any of the facilities that use EPIC. Mr. Jensen explained the contract should be executed by the end of the year, or there will be delays. Dr. Kidd said it is an all-in contract. They have a deliverable, and the entire system is expected to be operational in December 2022. Ms. Lee explained it is a lump sum proposal and the onus is on EPIC to make the date. There are some additional costs associated with EPIC (e.g., the hospital will need 24-inch monitors in most locations, new scanners, e signature pads, etc.). EPIC did an inventory of the hospital's current infrastructure and came up with \$90K of equipment that needs to purchase/upgraded prior to implementation. The Foundation may fund the capital costs. EPIC will replace some 3rd party applications which will save money. There also will be staff training costs, and a temporary full time Project Manager hired with experience in EPIC implementation. EPIC recommends hiring a Project Manager focused on the project. Ms. Dungan reported SVH received \$1.2M in provider relief funds for the phase 4 funding. The funding will help with the EPIC project. Dr. Kidd</p>		

	explained that using EPIC will increase net revenue.		
7. QIP BRIDGE LOAN	<i>Dungan</i>	MOTION: by Rymer to approve, 2 nd Flynn. All in favor.	
	<p>Ms. Dungan explained the QIP Bridge loan helps bridge the gap between the Prime Grant that ended in 12/20/20 and the new QIP program which we hope to get funding for in 2024. SVH is eligible for a loan in the amount of \$308K. SVH may also be able to get an additional \$462K loan depending on whether other hospitals fully draw down their allowable amount. QIP is a zero percent interest loan with a balloon payment at the end of the year, and a 1% administrative fee to CHFFA. The loan may be turned into a grant.</p> <p>The committee motioned to approve Ms. Dungan applying for the QIP Bridge Loan subject to the bank waiver on revenue</p>		
8. CHFFA HELP II LOAN	<i>Dungan</i>	MOTION: by Rymer to approve, 2 nd by Hohorst. All in favor.	
	<p>Ms. Dungan reviewed the CHFFA loan which is a healthcare expansion loan used for large remodeling projects, construction, equipment, etc. They offer loans up to \$2M at 2% interest. If it is equipment or software, it can be a 5-year loan at 2%. CHFFA offers revolving loan applications, the application can be submitted at the beginning of 2022 when it is clear how much we need for EPIC and the MRI. The loan is based on CHFFA and approval from the Board. Mr. Gerlach suggests getting a legal opinion about the CHFFA loan and the use of the Parcel Tax revenue as collateral. Mr. Jensen said they can get a legal opinion regarding the use of parcel tax for CHFFA.</p> <p>The committee agreed to wait to approve the CHFFA Help Loan until the cash flows are clear.</p>		
9. PROJECT SPENDING AND FUNDING UPDATE	<i>Dungan</i>	MOTION TO APPROVE EHR: by Rymer to approve, 2 nd by	

		Hohorst. All in favor.	
	<p>Ms. Dungan reviewed the Project Spending and Funding Update FY 2022/FY 2023. Mr. Gerlach would like the document to include alternatives, in the event we do not get loans. Mr. Rymer suggests adding the operating cash required for all expenses on one line. He also stated that Mr. Hennelly is negotiating a settlement with DOME, and the EHR must move forward, these cannot be put off. Mr. Hohorst stated there is a 20-year term offered if the loan is for construction (as opposed being used for IT). Mr. Hohorst likes the idea of reallocating what money goes where and believes if we can get 20 years of payback instead of 5 years it will be a big relief on cash flow. Ms. Dungan will revise the Project Spending and Funding document with the committees' suggestions.</p> <p>The committee motioned to move forward with a contract for the EHR by the end of the year.</p>		
10. FINANCIAL REPORT FOR MONTH END OCTOBER	<i>Dungan/Jensen</i>		
	<p>Ms. Dungan reviewed the Operating Margin Graph with FY trends from 2019, 2020, 2021, and 2022 for net revenue, operating expenses, and operating margin. In review of the operating margin, she said July, August, and September 2021 are similar to the operating margin in 2019 pre-pandemic.</p> <p>Ms. Dungan reviewed the October Financials. She reported on the rate range IGT. This year there is only a 6-month IGT, however a 12 Month IGT was budgeted. The period we are seeing is from July 2020 to December 2020. Mr. Gerlach would like a analysis of the IGT payments. Mr. Jensen said Finance will outline the IGT for the last few years and provide the summary. He also stated that IGT revenue will be 6 months short of cash in FY 2022 according to what was budgeted, but they will catch up at the end of the program. Mr. Jensen stated there was no notice of</p>		

	change in accounting until after the budget was approved. Ms. Donahue would like to review revenues as an item in a future meeting. Ms. Dungan reported that Gross revenue was over budget by \$913K. Total operating revenue was over budget by 2.7%. Expenses were better than budget by \$767K. After accounting for all non-operating expenses and income, net income was \$848K. Cash is expected to increase in subsequent months.		
11. FINANCE COMMITTEE WORKPLAN REVIEW	<i>Rymer</i>		
	The 2022 Finance Committee Workplan was reviewed. Ms. Dungan will be submitting additions to the workplan to Mr. Boerum.		
13. ADJOURN	<i>Rymer</i>		
	Meeting adjourned at 7:23 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

October 27, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Michael Mainardi, MD Susan Kornblatt Idell Carol Snyder Ingrid Sheets Ako Walther, MD Howard Eisenstark Cathy Webber		John Hennelly, CEO	Sabrina Kidd, MD, CMO Jessica Winkler, Patient Care Services Director Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	Meeting called to order at 5:00 pm. Dr. Mainardi welcomed Kylie Cooper the new Director of Quality.	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	
<ul style="list-style-type: none"> QC Minutes 09.22.21 	Dr. Eisenstark suggested changes to item 7 of the September 22, 2021 minutes.	MOTION: by Eisenstark to approve with changes, 2 nd by Kornblatt Idell. All in favor.
4. MED-SURG/ICU QAPI PLAN FOR INPATIENT SERVICES	<i>Winkler</i>	
	Ms. Jessica Winkler, Director of Patient Care Services reviewed the Quality Assurance Improvement Plan for inpatient services. The plan covers Respiratory Therapy, Critical Care and Medical/Surgical Departments. She indicated the Palliative Care project has been active since the beginning of 2021. The project has included private care education for the staff and Hospitalist. Ms. Winkler	

AGENDA ITEM	DISCUSSION	ACTION
	<p>created a nursing assessment for palliative care needs, and the automated referral process went live on August 17. The old process involved printing, faxing and phone calls. With the new nursing assessment, there is one click, and the referral is automatically sent. Data analysis and reporting will be finished in November. After analysis, they can determine how the interventions made a difference with the number of private care referrals. Ms. Winkler said she is aligning inpatient care of stroke victims with the American Heart Association Guidelines and UCSF. The physician order sets were amended and a stroke specific assessment tab was created to align with the American Heart Association and UCSF.</p>	
<p>5. QUALITY INDICATOR PERFORMANCE INDICATORS/SCORECARD AUGUST 2021</p>	<p><i>Kidd</i></p>	
	<p>Dr. Kidd presented the Quality Performance Indicators for August 2021. This included reviews of mortality, AHRQ patient safety indicators, patient falls (preventable harm), readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, core measures sepsis, infection prevention, inpatient patient satisfaction, and ambulatory surgery patient satisfaction.</p>	
<p>6. PATIENT CARE SERVICES DASHBOARD Q3</p>	<p><i>Kobe</i></p>	
	<p>Mr. Kobe reviewed the revised Patient Care Services Dashboard Q3. He mentioned that he removed information that Dr. Kidd had already reported. Mr. Kobe is now focusing on outpatient experience. Quality indicators (QAPI) include antibiotics administered within 30 minutes, continuous observation of psychiatric patients, and drug administration errors in the Pharmacy. Mr. Kobe reviewed case management data, nursing turnover, nurse staffing effectiveness, and outpatient experience. He said patients are texted a link to a 10 question survey 2 hours after they are discharged. The patients answer the survey and rate their experience at the hospital from 1 to 5 stars. The goal is 4.9 stars. There are positive results from the texting survey.</p>	
<p>7. QUALITY COMMITTEE ROLE IN POLICIES AND PROCEDURES MEMO - REVISED</p>	<p><i>Mainardi</i></p>	

AGENDA ITEM	DISCUSSION	ACTION
	<p>Dr. Mainardi reviewed the Committee's Role in Policies and Procedures Memorandum. The committee will review and comment. Any comments or requests for further information needs approval from the committee and if obtained will be forwarded to the policy maker. The policy maker chooses to respond or not respond to the committee's comments or requests. If the policy maker chooses not to respond, the denial is forwarded to the Board with a policy. The Board will then make a decision. The Board would like comments and procedures on the agenda to be forwarded to Dr. Kidd and the new Quality Director before the meeting.</p>	
<p>8. POLICIES AND PROCEDURES</p>	<p><i>Kidd</i></p>	
	<p>Dr. Kidd reviewed the following policies:</p> <p><u>Policies with changes made:</u> Norovirus Outbreak Management</p> <p><u>Policies with no changes made:</u> DVT-PE Prophylaxis and Treatment Protocol Managing Patients in Isolation Requiring Rehab Services</p>	
<p>9. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report</p>		
<p>10. REPORT ON CLOSED SESSION</p>	<p><i>Mainardi</i></p>	
	<p>The Medical Staff credentialing report was approved.</p>	<p>MOTION: by Eisenstark, 2nd by Sheets. All in favor.</p>
<p>11. ADJOURN</p>	<p><i>Mainardi</i></p>	
	<p>6:05 pm</p>	

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 6th day of January, 2022, by the following vote:

AYES:

NOES:

ABSENT: None

ABSTAIN: None

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: 12/29/2021 6:47 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: 14

Committee: 09 BOD-Board of Directors

Committee Members: Fontes, Jenny (jfontes)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Administration of Anesthesia <i>Anesthesia Dept Policies</i>	Pending Approval	12/27/2021	2
Summary Of Changes: Policy reviewed and reference details added. Moderators: Newman, Cindi (cnewman) Lead Authors: Kidd, Sabrina (skidd) ExpertReviewers: Medical Director-Anesthesia Approvers: 01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Admission of Pediatric Patients to the Nursing Unit <i>Patient Care Policy</i>	Pending Approval	12/27/2021	2
Summary Of Changes: ; Recommend retiring--this policy is no longer active as we do not routinely admit pediatric patients; Moderators: Newman, Cindi (cnewman) Lead Authors: Winkler, Jessica (jwinkler) ExpertReviewers: Medical Director-Patient Care Services Approvers: Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Anesthesia Coverage and Availability <i>Anesthesia Dept Policies</i>	Pending Approval	12/27/2021	2
Summary Of Changes: Reviewed and revised: ,..."the anesthesiologist must respond via phone within 30 minutes and in person within 60 minutes from the time of the initial call to the anesthesiologist. Deleted specificity of communication device required while on call. Moderators: Newman, Cindi (cnewman) Lead Authors: Kidd, Sabrina (skidd)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 12/29/2021 6:47 AM

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

ExpertReviewers: **Medical Director-Anesthesia**
 Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Compounding Drug Products <i>Medication Management Policies (MM)</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Added word "annual" to the first bullet point on page 7 per request of pharmacy board inspector.**

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)**

COVID-19 Surge Planning-Pharmacy <i>Emergency Preparedness Policies (EP)</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Added Specific titles to acronyms.
 Removed specific therapeutic name (Remdesivir) to "approved therapeutics" for more flexibility.**

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)**

Discharge Criteria <i>Rehabilitation Services Dept</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Changed Appendix A---
 CIHQ requires a patient letter to be sent as a form of notification if we cannot make contact otherwise.
 The letter was modified to make it patient centric and have a more friendly tone.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Gallo, Christopher (cgallo)**

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

Duties and Responsibilities of Chief Anesthesiologist <i>Anesthesia Dept Policies</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Reviewed
 Name change for policy - (Medical Director in place of Chief).
 Removed references to TJC and NIAHO**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kidd, Sabrina (skidd)**

ExpertReviewers: **Medical Director-Anesthesia**

Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Flexible Endoscopes-Reprocessing <i>Central Sterile Dept</i>	Pending Approval	12/27/2021	2
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Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 12/29/2021 6:47 AM

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

Summary Of Changes: **Added two lines at the bottom of the Policy section referring to daily temperature and humidity monitoring, and terminal cleaning.**

Changes to number 2 under Procedure to include hard-sided and covered container labeled biohazard. On number 9 added the word hard-sided to covered container.

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Fry, Dana (dfry)**

Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Metformin and Intravenous Contrast Media <i>Diagnostic Services Dept Policies</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Updated guidelines to match American College of Radiology recommendations.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**

ExpertReviewers: **Medical Director-Diagnostic Radiology**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Patient Personal Belongings Policy <i>Patient Rights Policies (PR)</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Fixed Acronyms. Changed 2N to read Medical Surgical Unit. Deleted reference to Birthplace and SNF**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kobe, Mark (mkobe), Cooper, Kylie (kcooper)**

Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Performance improvement completion for the Department of Anesthesia <i>Anesthesia Dept Policies</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Removed the reference to The Joint Commission, some other grammatical edits.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kidd, Sabrina (skidd)**

ExpertReviewers: **Medical Director-Anesthesia**

Approvers: **01 P&P Committee -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Respiratory Assistance During In House Transport <i>Respiratory Therapy Dept</i>	Pending Approval	12/27/2021	2
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Summary Of Changes: **Reviewed. Recommend retiring. Same information available in EBSCO Dynamic Health ("Transporting Mechanically Ventilated Patients")**

Moderators: **Newman, Cindi (cnewman)**

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

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

RETIRE-Physical Assessment of Adult and_or Pediatric Patients <i>ICU Dept</i>	Pending Approval	12/27/2021	2
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Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 12/29/2021 6:47 AM

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

Summary Of Changes: **Recommendation: RETIRE
Redundant --documented in the Documentation in the Intensive Care Unit policy**

Moderators: **Newman, Cindi (cnewman)**

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

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

Sterile Compounding MM8610-117	Pending Approval	12/27/2021	2
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Updates section on immediate use compounding to more closely match the language of the regulation it complies with; "3. The preparation involves the simple transfer of not more than 3 commercially manufacture packages of sterile non-hazardous preparations and not more than 2 entries into any one container or package."**

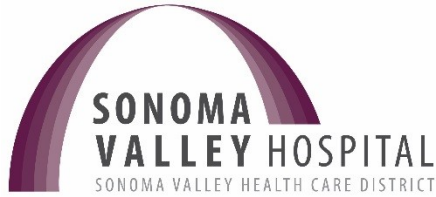
Moderators: **Newman, Cindi (cnewman)**

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)**

2022 Quality Committee Work Plan

January 1/26	February 2/23	March 3/23	April 4/27
<ul style="list-style-type: none"> ▪ ED QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 4th Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Pharmacy QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Annual Quality Department Review ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Infection Prevention Annual Risk Assessment / Plan ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 1st Qtr ▪ Policies and Procedures ▪ Credentialing
May 5/25	June 6/22	July 7/27	August 8/24
<ul style="list-style-type: none"> ▪ Imaging QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ PT/OT QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures Credentialing 	<ul style="list-style-type: none"> ▪ ED QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 2nd Qtr ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Lab QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing
September 9/28	October 10/26	November No Meeting	December 12/14
<ul style="list-style-type: none"> ▪ Pharmacy QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing 	<ul style="list-style-type: none"> ▪ Inpatient Services QA/PI ▪ Quality Indicator Performance and Plan ▪ Patient Care Services Dashboard 3rd Qtr ▪ Policies and Procedures ▪ Credentialing 		<ul style="list-style-type: none"> ▪ Imaging QA/PI ▪ Quality Indicator Performance and Plan ▪ Policies and Procedures ▪ Credentialing



Healing Here at Home

To: SVHCD Board of Directors
From: John Hennelly
Date: 01.06.22
Subject: Administrative Report

November statistics continued the trend of high-quality performance across the hospital and improvements in volumes and net revenue. The operating performance exceeded budget by \$90,000.

Covid continues to consume significant time across the organization. Positivity rates through December, impacted by the new Omicron variant, have increased significantly. This is having effects on staffing.

Our two major projects reached milestones as the ODC saw closure of its relationship with Dome Construction and engagement of a new architects to finish phase one. The selection of Providence as the host of our next EMR, Epic, starts the clock toward implementation by the end of 2022.

Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	<ul style="list-style-type: none"> • We continue to focus on building relationships within the UCSF network <ul style="list-style-type: none"> ○ GI ○ Infectious Diseases ○ Primary Care (Marin Health MG) ○ Gyn • UCSF hosted their first job fair for its residents who will graduate in 2022. SVH had good engagement. We are continuing dialog with residents looking for placement in hospitalist, emergency and surgical services. • Recruitment for the next CFO has been narrowed down to a lead candidate. An onsite interview is scheduled for January.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> • The hospital continues to provide guidance to our community regarding Covid guidelines. • The hospital is exploring adding public vaccination or booster clinics to support the efforts of our community partners. • Phase 1 of the ODC continues as SKA, our new architect team, works up the project. Resolution of the Dome contract is complete. Both parties have signed. Over the next few weeks (through mid-January) SVH will be provided the necessary documents to move the project forward. We are finalizing settlements with key subcontractors.

	<ul style="list-style-type: none"> • We are presenting the Board with a direct contract with GMH to serve as the general contractor to complete phase 1 of the project. An RFQ for phase 2 will go out in January. • Engagement continues with community groups and community members.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> • Covid screening protocols continue to be deployed throughout the hospital. No issues have been identified. • Implementation of Epic is in the planning phase. As noted in last month's board meeting, our go live date is scheduled for December 2022. • As you will see in Dr Kidd's CMO report, SVH was recognized by the Partnership HealthPlan of California (PHC) as one of 3 hospitals to score 100% in the PHC Quality Improvement Program. This is a reflection of strong teamwork within the care teams.
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"> • The State has mandated boosters for all hospital staff by 1/31. We will begin more aggressive testing of staff who have been granted exceptions immediately.

SVH Performance Score Card

1. Quality and Safety

Objective	Target	Last period	This period	Trend	Supporting detail
Infection Prevention					
Central Line Blood Stream Infection CLABSI per 10k pt days	<1	0.0	0.0	↔	
Catheter Associated Urinary Tract Infection- CAUTI per 10k pt days	<1	0.0	0.0	↔	
CDIFF Infection per 10k pt days	<0.9	1.0	0.0	↑	
Safety					
Patient Fall per 1000 pt days	<3.75	3.4	7.2	↓	
Patient fall with injury per 1000 pt days	<3.75	0.0	0.0	↔	
Surgical Site Infections per 1000 Acute Care Admissions	0.00	0.0	0.0	↔	

Core Measures					
Sepsis Early Management Bundle % compliant	>81%	63.6 (n=7)	62.5 (n=5)	↓	Blood Cultures being drawn prior to Antibiotic administration
Severe Sepsis 3 hour Bundle % compliant	>94%	72.7 (n=8)	77.8 (n=7)	↑	
Severe Sepsis 6 hr Bundle % compliant	100.00	100 (n=4)	100 (n=6)	↔	
Core OP 23- Head CT within 45 mins % compliant	100.00	100 (nn=1)	100 (n=3)	↔	

Mortality					
Acute Care Mortality Rate %	<15.3	5.0	3.1	↑	

ED					
Core OP 18b Median Time ED arrival to ED Departure mins	<132	163 (n=29)	124.5 (n=28)	↑	
Core Op 22 ED Left without being seen LWBS	<2%	1.7	1.1	↑	

PSI 90					
PSI 90 Composite Acute Care Admissions	0.00	0.0	0.0	↔	

Preventable Harm					
Preventable Harm Events Rate	0.00	0.9	0.4	↑	

Readmissions					
Readmissions to Acute Care within 30 days %	<15.3	3.85	5.56	↓	

2. Employees

Objective	Target	Last period	This period	Trend	Supporting Detail
Turnover	<3%	3.4	2.2	↑	
Workplace Injuries	<20 Per Year	1.0	0.0	↑	Per Qtr, 6 so far YTD

3. Patient Experience

Objective	Target	Last period	This period	Trend	Supporting Detail
Outpatient Ambulatory Services					
Recommend Facility	>50%	45.0	82.0	↑	
Communication	>60%	99.0	29.0	↓	
Discharge Instructions	>70%	80.0	25.0	↓	
HCAHPS					
Recommend the hospital	>50%	19.0	3.0	↓	
Communication with Nurse	>50%	42.0	5.0	↓	
Communication with Doctor	>50%	12.0	22.0	↑	
Cleanliness of Hospital	>50%	18.0	24.0	↑	
Communication about medicines	>60%	26.0	34.0	↑	
Discharge Information	>50%	1.0	4.0	↑	

4. Volume

Objective	Target	Last period	This period	Trend	Supporting Detail
Patient Visits					
Emergency Visits	>750	764.0	710.0	↓	
Surgical Volume Outpatient	>80	115.0	89.0	↓	
Surgical Volume Inpatient	>13	15.0	6.0	↓	
Inpatient Discharges	>50	65.0	62.0	↓	

5. Financial

Objective	Target	YTD Last period	YTD This period	Trend	Supporting Detail
EBDA in %	0.5	2.4	0.8	↓	
Days Cash on Hand month end	42	40.0	36.5	↓	
Net Revenue \$M	49	18.0	21.0	↑	



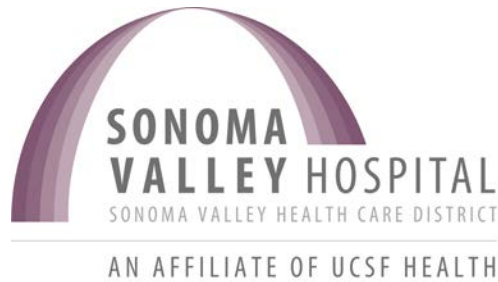


To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: January 6, 2022
Subject: CMO Report

December Highlights Included:

1. COVID-19:
 - a. Case numbers increased sharply at the end of December as the Omicron variant became dominant. Fortunately, hospitalizations and COVID related ED visits have remained low and steady. Increased case numbers have led to many challenges with regards to staffing in many departments.
 - b. Vaccines:
 1. Boosters were mandated by CDPH as of December 22, 2021. All who are eligible, but not yet boosted are subject to twice weekly testing by January 7, 2022.
2. Med-Surg / ICU / Surgery / ED Updates:
 - a. All prescriptions must be sent electronically as of January 1, 2022. There are a few exceptions allowed for extenuating circumstances with proper documentation.
 - b. We once again have MRI services available Monday-Friday.
 - c. The lab went live with a new High Sensitivity Troponin test used in the diagnosis of acute cardiac events.
 - d. We added a long awaited new COVID-19 PCR testing machine which doubles our capacity for testing.
 - e. Our new permanent social worker began January 3, 2022.
3. Medical Staff:
 - a. December meetings included: PI/PT and MEC/Peer Review.
4. Quality:
 - a. SVH was recognized by the Partnership HealthPlan of California (PHC) as one of 3 hospitals to score 100% in the PHC Quality Improvement Program. This reflects excellence in the categories of readmissions, advance care planning, clinical quality, patient safety, and operations and efficiencies.
5. UCSF:
 - a. Physician Recruitment

- i. We continue to work together on a solution for GI (gastroenterology) in Sonoma.
- ii. SVH (Drs. Kidd and Walther) participated in the first ever Virtual Affiliates Network Job Fair in December.



To: SVH Finance Committee
From: Sarah Dungan, Controller
Date: December 28, 2021
Subject: Financial Report for the Month Ending November 30, 2021

For the month of November the hospital's actual operating margin of (\$826,895) was \$69,923 favorable to the budgeted operating margin of (\$896,818). After accounting for all other activity; the net loss for November was (\$309,723) vs. the budgeted net income of \$142,416 with a monthly EBDA of -6.9% vs. a budgeted -9.2%. In November the hospital received \$1,203,742 in additional provider relief funds from the CARES Act. Per the advice from our audit team, the funds are classified as a liability until we confirm the reporting requirements.

Gross patient revenue for November was \$23,287,201; \$1,324,721 over budget. Inpatient gross revenue was under budget by (\$869,660). Inpatient days were over budget by 22 days and inpatient surgeries were under budget by (10) cases. Outpatient gross revenue was over budget by \$701,360. Outpatient visits were under budget by (15) visits, outpatient surgeries were under budget by (11) cases, and special procedures were over budget by 13 cases. The Emergency Room gross revenue was over budget by \$1,493,021 with ER visits over budgeted expectations by 127 visits.

Deductions from revenue were unfavorable to budgeted expectations by (\$1,121,962) due to higher gross revenue than budgeted.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$209,249.

Operating Expenses of \$4,578,509 were unfavorable to budget by (\$139,326). Salaries and wages and agency fees were over budget by (\$4,598). Salaries and wages were under budget by \$50,499 and agency fees are over by (\$55,097). Due to COVID we are experiencing much higher rates for agency fees for nurses and other clinical positions. Professional fees were over budget by (\$58,507) due to higher than budgeted UCSF management costs including the new IT director. Supplies are over budget by (\$129,344) due to higher than budgeted costs for surgical implants (\$109,740) and in pharmacy (\$29,281). Purchased services are under budget \$30,020 due to services budgeted and not used in November.



After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for November was (\$489,640) vs. a budgeted net loss of (\$579,175). The total net loss for November after all activity was (\$309,723) vs. a budgeted net income of \$142,416.

EBDA for the month of November was -6.9% vs. the budgeted -9.2%.

Patient Volumes – November

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	62	79	-17	57
Acute Patient Days	277	255	22	230
Observation Days	9	0	9	11
OP Gross Revenue	\$18,183	\$15,989	\$2,194	\$12,645
Surgical Cases	95	116	-21	111

Gross Revenue Overall Payer Mix – November

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	37.2%	39.7%	-2.5%	35.9%	39.7%	-3.8%
Medicare Mgd Care	18.4%	15.5%	2.9%	15.9%	15.4%	0.5%
Medi-Cal	15.3%	18.9%	-3.6%	17.3%	19.1%	-1.8%
Self Pay	1.7%	1.1%	0.6%	2.0%	1.1%	0.9%
Commercial	25.3%	21.7%	3.6%	25.7%	21.6%	4.1%
Workers Comp	2.1%	3.1%	-1.0%	3.2%	3.1%	0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for November:

For the month of November the cash collection goal was \$3,780,038 and the Hospital collected \$3,864,924 or over the goal by \$84,886. The year-to-date cash collection goal was \$19,248,376 and the Hospital has collected \$18,172,648 or under goal by (\$1,075,728).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	36.5	40.0	-3.5	35.4
Accounts Receivable Days	43.3	45.8	-2.5	69.6
Accounts Payable	\$4,017,799	\$3,699,027	\$318,772	\$3,813,195
Accounts Payable Days	49.6	45.8	3.8	53.3

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 November 30, 2021

ATTACHMENT A

	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Gross Revenue:								
Medicare	8,668,193	8,716,858	-48,665	-0.6%	42,853,768	42,387,932	465,836	1.1%
Medicare Managed Care	4,296,541	3,385,132	911,409	26.9%	18,976,800	16,477,281	2,499,519	15.2%
Medi-Cal	3,553,699	4,145,521	-591,822	-14.3%	20,556,627	20,346,148	210,479	1.0%
Self Pay	389,810	232,332	157,478	67.8%	2,426,671	1,136,831	1,289,840	113.5%
Commercial & Other Government	5,898,257	4,796,000	1,102,257	23.0%	30,730,892	23,202,100	7,528,792	32.4%
Worker's Comp.	480,701	686,637	-205,936	-30.0%	3,829,729	3,286,847	542,882	16.5%
Total	23,287,201	21,962,480	1,324,721		119,374,487	106,837,139	12,537,348	

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Net Revenue:								
Medicare	1,054,170	1,115,479	-61,309	-5.5%	4,749,801	5,180,654	-430,853	-8.3%
Medicare Managed Care	435,240	365,644	69,596	19.0%	2,067,983	1,876,478	191,505	10.2%
Medi-Cal	338,312	426,523	-88,211	-20.7%	2,133,393	2,112,450	20,943	1.0%
Self Pay	161,303	87,659	73,644	84.0%	1,029,076	428,927	600,149	139.9%
Commercial & Other Government	1,595,479	1,339,759	255,720	19.1%	7,893,111	6,590,420	1,302,691	19.8%
Worker's Comp.	67,971	114,652	-46,681	-40.7%	663,804	595,951	67,853	11.4%
Prior Period Adj/IGT	-	-	0	*	2,751,308	5,200,000	-2,448,692	*
Total	3,652,475	3,449,716	202,759	5.9%	21,288,476	21,984,880	(696,404)	-3.2%

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Percent of Net Revenue:								
Medicare	28.9%	32.3%	-3.4%	-10.5%	22.3%	23.6%	-1.4%	-5.9%
Medicare Managed Care	11.9%	10.6%	1.3%	12.3%	9.7%	8.5%	1.2%	14.1%
Medi-Cal	9.3%	12.4%	-3.1%	-25.0%	10.0%	9.6%	0.4%	4.2%
Self Pay	4.4%	2.5%	1.9%	76.0%	4.8%	2.0%	2.8%	140.0%
Commercial & Other Government	43.6%	38.9%	4.7%	12.1%	37.2%	29.9%	7.3%	24.4%
Worker's Comp.	1.9%	3.3%	-1.4%	-42.4%	3.1%	2.7%	0.4%	14.8%
Prior Period Adj/IGT	0.0%	0.0%	0.0%	*	12.9%	23.7%	-10.8%	-46%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Projected Collection Percentage:								
Medicare	12.2%	12.8%	-0.6%	-4.7%	11.1%	12.2%	-1.1%	-9.0%
Medicare Managed Care	10.1%	10.8%	-0.7%	-6.5%	10.9%	11.4%	-0.5%	-4.4%
Medi-Cal	9.5%	10.3%	-0.8%	-7.8%	10.4%	10.4%	0.0%	0.0%
Self Pay	41.4%	37.7%	3.7%	9.8%	42.4%	37.7%	4.7%	12.5%
Commercial & Other Government	27.1%	27.9%	-0.8%	-2.9%	25.7%	28.4%	-2.7%	-9.5%
Worker's Comp.	14.1%	16.7%	-2.6%	-15.6%	17.3%	18.1%	-0.8%	-4.4%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 11/30/21</u>	<u>Budget 11/30/21</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 11/30/21</u>	<u>Budget 11/30/21</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 11/30/20</u>
Inpatient Utilization								
Discharges								
1	44	64	(20)	Med/Surg	234	272	(38)	255
2	18	15	3	ICU	79	72	7	66
3	62	79	(17)	Total Discharges	313	344	(31)	321
Patient Days:								
4	195	167	28	Med/Surg	878	844	34	871
5	82	88	(6)	ICU	424	443	(19)	450
6	277	255	22	Total Patient Days	1,302	1,287	15	1,321
7	9	-	9	Observation days	107	-	107	102
Average Length of Stay:								
8	4.4	2.6	1.8	Med/Surg	3.8	3.1	0.6	3.4
9	4.6	5.9	(1.3)	ICU	5.4	6.2	(0.8)	6.8
10	4.5	3.2	1.2	Avg. Length of Stay	4.2	3.7	0.4	4.1
Average Daily Census:								
11	6.5	5.6	0.9	Med/Surg	5.7	5.5	0.2	5.7
12	2.7	2.9	(0.2)	ICU	2.8	2.9	(0.1)	2.9
13	9.2	8.5	0.7	Avg. Daily Census	8.5	8.4	0.1	8.6
Other Utilization Statistics								
Emergency Room Statistics								
14	710	583	127	Total ER Visits	3,868	3,031	837	3,481
Outpatient Statistics:								
15	4,486	4,501	(15)	Total Outpatients Visits	23,274	22,343	931	19,109
16	6	16	(10)	IP Surgeries	50	79	(29)	84
17	89	100	(11)	OP Surgeries	525	471	54	492
18	56	43	13	Special Procedures	278	205	73	225
19	283	290	(7)	Adjusted Discharges	1,446	1,228	219	1,183
20	1,263	936	326	Adjusted Patient Days	5,996	4,581	1,416	4,829
21	42.1	31.2	10.9	Adj. Avg. Daily Census	39.2	29.9	9.3	31.6
22	1.2294	1.4000	(0.171)	Case Mix Index - Medicare	1.3824	1.4000	(0.018)	1.6369
23	1.2980	1.4000	(0.102)	Case Mix Index - All payers	1.3480	1.4000	(0.052)	1.5193
Labor Statistics								
24	198	209	11	FTE's - Worked	204	206	1.2	205
25	224	231	7	FTE's - Paid	228	227	(1.2)	226
26	46.12	44.64	(1.48)	Average Hourly Rate	45.42	44.51	(0.90)	46.56
27	5.32	7.40	2.08	FTE / Adj. Pat Day	5.83	7.58	1.76	7.16
28	30.3	42.2	11.8	Manhours / Adj. Pat Day	33.2	43.2	10.0	40.8
29	135.5	136.1	0.6	Manhours / Adj. Discharge	137.6	161.3	23.6	166.4
30	24.1%	24.7%	0.6%	Benefits % of Salaries	24.3%	24.7%	0.4%	21.1%
Non-Labor Statistics								
31	18.9%	16.3%	-2.6%	Supply Expense % Net Revenue	16.2%	12.6%	-3.6%	16.2%
32	2,447	1,939	(509)	Supply Exp. / Adj. Discharge	2,092	2,260	168	2,275
33	16,384	15,595	(790)	Total Expense / Adj. Discharge	17,161	20,042	2,882	19,040
Other Indicators								
34	45.1			Days Cash - Operating Funds				
35	43.3	50.0	(6.7)	Days in Net AR	42.6	50.0	(7.4)	48.3
36	102%			Collections % of Net Revenue	94%			82.8%
37	49.6	55.0	(5.4)	Days in Accounts Payable	49.6	55.0	(5.4)	47.0
38	15.7%	15.7%	0.0%	% Net revenue to Gross revenue	15.6%	20.6%	-5.0%	16.7%
39	16.8%			% Net AR to Gross AR	16.8%			18.0%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 2,973,404	\$ 2,757,988	\$ 2,282,218
2 Cash - Money Market	3,843,478	2,639,564	1,737,535
3 Net Patient Receivables	6,836,273	6,867,754	8,543,264
4 Allow Uncollect Accts	(1,703,453)	(1,591,027)	(1,368,193)
5 Net A/R	5,132,820	5,276,727	7,175,071
6 Other Accts/Notes Rec	1,719,523	1,783,817	639,092
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	2,606,905	2,649,085	637,274
10 Inventory	1,037,520	958,509	903,937
11 Prepaid Expenses	831,637	918,154	700,618
12 Total Current Assets	\$ 24,547,103	\$ 23,385,660	\$ 21,044,695
13 Property, Plant & Equip, Net	\$ 51,654,955	\$ 51,852,224	\$ 52,324,526
14 Trustee Funds - GO Bonds	3,714,864	3,714,834	3,353,950
15 Restricted Funds - Board Approved	1,000,000	1,000,000	1,000,000
16 Total Assets	\$ 80,916,922	\$ 79,952,718	\$ 77,723,171
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 4,017,799	\$ 3,699,027	\$ 3,813,195
18 Accrued Compensation	4,013,973	3,964,248	4,140,489
19 Interest Payable - GO Bonds	159,814	107,919	358,911
20 Accrued Expenses	2,133,097	1,910,845	1,634,497
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	2,216,669	2,533,336	2,216,653
23 Deferred GO Bond Tax Revenue	1,622,685	1,854,497	1,930,360
24 Current Maturities-LTD	402,082	409,747	308,542
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	1,430,275	235,159	121,966
27 Total Current Liabilities	\$ 21,470,128	\$ 20,188,512	\$ 19,998,347
28 Long Term Debt, net current portion	\$ 25,113,726	\$ 25,121,415	\$ 26,729,922
29 Fund Balances:			
30 Unrestricted	\$ 18,839,371	\$ 19,149,094	\$ 17,556,731
31 Restricted	15,493,697	15,493,697	13,438,171
32 Total Fund Balances	\$ 34,333,068	\$ 34,642,791	\$ 30,994,902
33 Total Liabilities & Fund Balances	\$ 80,916,922	\$ 79,952,718	\$ 77,723,171

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	62	79	(17)	-22%	Acute Discharges	313	344	(31)	-9%	321	
2	277	255	22	9%	Patient Days	1,302	1,287	15	1%	1,321	
3	9	-	9	0%	Observation Days	107	-	107	*	102	
4	\$ 18,183	\$ 15,989	\$ 2,194	14%	Gross O/P Revenue (000's)	\$ 93,437	\$ 76,869	\$ 16,568	22%	\$ 72,253	
Financial Results											
Gross Patient Revenue											
5	\$ 5,104,057	\$ 5,973,717	(869,660)	-15%	Inpatient	\$ 25,937,729	\$ 29,968,144	(4,030,415)	-13%	\$ 27,242,884	
6	10,955,304	10,253,944	701,360	7%	Outpatient	56,955,247	48,491,287	8,463,960	17%	42,666,821	
7	7,227,840	5,734,819	1,493,021	26%	Emergency	36,481,511	28,377,708	8,103,803	29%	29,735,315	
8	\$ 23,287,201	\$ 21,962,480	1,324,721	6%	Total Gross Patient Revenue	\$ 119,374,487	\$ 106,837,139	12,537,348	12%	\$ 99,645,020	
Deductions from Revenue											
9	(19,426,226)	(18,335,193)	(1,091,033)	-6%	Contractual Discounts	\$ (99,690,069)	\$ (89,164,404)	(10,525,665)	-12%	\$ (82,353,842)	
10	(200,000)	(150,000)	(50,000)	-33%	Bad Debt	(1,100,000)	(750,000)	(350,000)	-47%	(610,000)	
11	(8,500)	(27,571)	19,071	69%	Charity Care Provision	(47,250)	(137,855)	90,605	66%	(46,400)	
12	-	-	-	*	Prior Period Adj/Government Program Revenue	2,751,308	5,200,000	(2,448,692)	-47%	-	
13	\$ (19,634,726)	\$ (18,512,764)	(1,121,962)	6%	Total Deductions from Revenue	\$ (98,086,011)	\$ (84,852,259)	(13,233,752)	16%	\$ (83,010,242)	
14	\$ 3,652,475	\$ 3,449,716	202,759	6%	Net Patient Service Revenue	\$ 21,288,476	\$ 21,984,880	(696,404)	-3%	\$ 16,634,778	
15	\$ 99,139	\$ 92,649	6,490	7%	Other Op Rev & Electronic Health Records	\$ 476,511	\$ 463,245	13,266	3%	\$ 425,438	
16	\$ 3,751,614	\$ 3,542,365	209,249	6%	Total Operating Revenue	\$ 21,764,987	\$ 22,448,125	\$ (683,138)	-3%	\$ 17,060,216	
Operating Expenses											
17	\$ 1,766,225	\$ 1,761,627	(4,598)	0%	Salary and Wages and Agency Fees	\$ 9,039,746	\$ 8,813,111	(226,635)	-3%	\$ 9,170,987	
18	660,704	671,382	10,678	2%	Employee Benefits	3,386,219	3,355,994	(30,225)	-1%	3,204,914	
19	\$ 2,426,929	\$ 2,433,009	6,080	0%	Total People Cost	\$ 12,425,965	\$ 12,169,105	(256,860)	-2%	\$ 12,375,901	
20	\$ 571,058	\$ 512,551	(58,507)	-11%	Med and Prof Fees (excl Agency)	\$ 2,862,038	\$ 2,559,680	(302,358)	-12%	\$ 2,066,414	
21	691,594	562,250	(129,344)	-23%	Supplies	3,025,174	2,774,454	(250,720)	-9%	2,691,911	
22	361,539	391,559	30,020	8%	Purchased Services	2,150,850	1,983,594	(167,256)	-8%	2,198,240	
23	229,752	252,880	23,128	9%	Depreciation	1,199,912	1,264,400	64,488	5%	1,284,856	
24	122,157	120,580	(1,577)	-1%	Utilities	672,466	602,567	(69,899)	-12%	645,257	
25	50,103	46,909	(3,194)	-7%	Insurance	256,623	234,545	(22,078)	-9%	224,514	
26	15,681	17,966	2,285	13%	Interest	80,512	89,830	9,318	10%	91,470	
27	109,696	101,479	(8,217)	-8%	Other	545,281	504,395	(40,886)	-8%	500,615	
28	-	-	-	*	Matching Fees (Government Programs)	1,125,795	2,000,000	874,205	-44%	0	
29	\$ 4,578,509	\$ 4,439,183	(139,326)	-3%	Operating expenses	\$ 24,344,616	\$ 24,182,570	(162,046)	-1%	\$ 22,079,178	
30	\$ (826,895)	\$ (896,818)	\$ 69,923	8%	Operating Margin	\$ (2,579,629)	\$ (1,734,445)	(845,184)	-49%	\$ (5,018,962)	

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

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ 129	\$ 976	(847)	-87%						\$ 45,349	
32	20,459	-	20,459	0%						498	
33	-	-	-	*						0	
34	316,667	316,667	-	0%						1,583,335	
35	-	-	-	0%						36	
36	<u>\$ 337,255</u>	<u>\$ 317,643</u>	<u>19,612</u>	<u>6%</u>						<u>\$ 1,629,218</u>	
37	<u>\$ (489,640)</u>	<u>\$ (579,175)</u>	<u>89,535</u>	<u>-15%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (1,022,152)</u>	<u>\$ (146,230)</u>	<u>(875,922)</u>	<u>599%</u>	<u>\$ (3,389,744)</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ -	\$ 523,803	(523,803)	0%	Restricted Foundation Contributions	\$ 276,141	\$ 2,619,015	(2,342,874)	100%	\$ 4,143,238	
40	<u>\$ (489,640)</u>	<u>\$ (55,372)</u>	<u>(434,268)</u>	<u>784%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ (746,011)</u>	<u>\$ 2,472,785</u>	<u>(3,218,796)</u>	<u>-130%</u>	<u>\$ 753,494</u>	
41	179,917	197,788	(17,871)	-9%	GO Bond Activity, Net	684,499	982,857	(298,358)	-30%	924,470	
42	<u>\$ (309,723)</u>	<u>\$ 142,416</u>	<u>(452,139)</u>	<u>-317%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ (61,512)</u>	<u>\$ 3,455,642</u>	<u>(3,517,154)</u>	<u>-102%</u>	<u>\$ 1,677,964</u>	
	\$ (259,888)	\$ (326,295)	66,407		EBDA - Not including Restricted Contributions	\$ 177,760	\$ 1,118,170	(940,410)		\$ (2,104,888)	
	-6.9%	-9.2%				0.8%	5.0%			-12.3%	

* Operating Margin without Depreciation expense:

\$ (826,895)	\$ (896,818)	\$ 69,923	8%	Operating Margin	\$ (2,579,629)	\$ (1,734,445)	\$ (845,184)	-49%
229,752	252,880	23,128	9%	Add back Depreciation	1,199,912	1,264,400	64,488	5%
<u>\$ (597,143)</u>	<u>\$ (643,938)</u>	<u>\$ 93,051</u>	<u>7%</u>	Operating Margin without Depreciation expense	<u>\$ (1,379,717)</u>	<u>\$ (470,045)</u>	<u>\$ (780,696)</u>	<u>-194%</u>

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

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	(226,635)	(4,598)	Salaries and wages are under budget by \$50,499 and agency fees are over by (\$55,097). Agency fees are over budget in ICU, surgery, Respiratory Therapy, and Social Services.
Employee Benefits	(30,225)	10,678	
Total People Cost	(256,860)	6,080	
Med and Prof Fees (excl Agency)	(302,358)	(58,507)	Professional fees are over budget due to higher than budgeted UCSF management costs including the unbudgeted position of IT director which is offset by a savings in salaries & wages.
Supplies	(250,720)	(129,344)	Supplies are over budget in surgery due to higher than budgeted implant costs (\$109,740) and in pharmacy (\$29,281).
Purchased Services	(167,256)	30,020	Purchased services are under budget due to services budgeted and not used in November.
Depreciation	64,488	23,128	
Utilities	(69,899)	(1,577)	
Insurance	(22,078)	(3,194)	
Interest	9,318	2,285	
Other	(40,886)	(8,217)	
Matching Fees (Government Programs)	874,205	-	
Operating expenses	(162,046)	(139,326)	

Sonoma Valley Hospital
Cash Forecast
FY 2022

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual 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	3,741,094	3,556,171	3,899,456	3,531,361	3,667,320	3,580,044	3,818,142	3,646,790	3,763,729	3,682,225	44,258,959
2 Other Operating Revenue	50,926	33,133	27,360	158,301	168,773	92,649	77,649	77,649	77,649	77,649	77,649	77,637	997,023
3 Other Non-Operating Revenue	10,121	10,229	9,624	10,574	10,823	14,516	14,516	14,516	14,516	14,516	14,516	14,518	152,986
4 Unrestricted Contributions	14,875			6,564	12,201								33,640
5 Line of Credit													-
Sub-Total Hospital Sources	3,844,535	3,647,375	3,778,079	3,731,610	4,091,253	3,638,526	3,759,485	3,672,209	3,910,307	3,738,955	3,855,894	3,774,380	45,442,608
Hospital Uses of Cash													
6 Operating Expenses	5,686,921	4,339,055	4,171,999	4,009,059	3,881,749	4,175,711	4,332,476	4,171,825	4,321,291	4,274,996	4,337,288	4,306,571	52,008,941
7 Add Capital Lease Payments	116,550	26,560	34,320	20,919	15,355	89,458	14,502	14,502	14,502	14,502	14,502	82,109	457,781
8 Additional Liabilities/LOC													-
9 Capital Expenditures	114,099	104,421	21,501	56,972	29,172	1,900,000	187,500	445,500	445,500	445,500	638,012	638,012	5,026,189
Total Hospital Uses	5,917,571	4,470,037	4,227,821	4,086,949	3,926,275	6,165,169	4,534,478	4,631,827	4,781,293	4,734,998	4,989,802	5,026,692	57,492,911
Net Hospital Sources/Uses of Cash	(2,073,036)	(822,662)	(449,742)	(355,339)	164,978	(2,526,643)	(774,993)	(959,618)	(870,986)	(996,043)	(1,133,908)	(1,252,312)	(12,050,303)
Non-Hospital Sources													
10 Restricted Cash/Money Market			1,000,000	2,000,000	(1,203,742)		(2,000,000)						(203,742)
11 Restricted Capital Donations	107,079	101,291	27,342	19,084	8,258		75,000	333,000	333,000	333,000	525,512	525,511	2,388,077
12 Parcel Tax Revenue	164,000					2,134,112		333,000	333,000	1,662,000			3,960,112
13 Other Payments - Ins. Claims/HHS/Grants/Loans					1,203,742		308,000		462,000		850,000		2,823,742
14 Other:													-
15 IGT			51,360				2,674,000	1,298,801				89,000	4,113,161
16 IGT - AB915			70,338								335,000		405,338
17 QIP					42,180								42,180
Sub-Total Non-Hospital Sources	271,080	101,291	1,149,040	2,019,084	50,438	2,134,112	1,057,000	1,631,801	795,000	1,995,000	1,710,512	614,511	13,528,868
Non-Hospital Uses of Cash													
18 Matching Fees		29,494		1,096,301		397,247					44,500		1,567,542
Sub-Total Non-Hospital Uses of Cash	-	29,494	-	1,096,301	-	397,247	-	-	-	-	44,500	-	1,567,542
Net Non-Hospital Sources/Uses of Cash	271,080	71,797	1,149,040	922,783	50,438	1,736,865	1,057,000	1,631,801	795,000	1,995,000	1,666,012	614,511	11,961,326
Net Sources/Uses	(1,801,956)	(750,865)	699,298	567,444	215,416	(789,778)	282,007	672,183	(75,986)	998,957	532,104	(637,801)	
Operating Cash at beginning of period	4,044,067	2,242,111	1,491,246	2,190,544	2,757,988	2,973,404	2,183,626	2,465,633	3,137,816	3,061,830	4,060,787	4,592,891	
Operating Cash at End of Period	2,242,111	1,491,246	2,190,544	2,757,988	2,973,404	2,183,626	2,465,633	3,137,816	3,061,830	4,060,787	4,592,891	3,955,090	
Money Market Account Balance - Undesignated	5,638,824	5,639,115	4,639,373	2,639,564	3,843,478	3,843,478	5,843,478	6,843,478	6,843,478	6,843,478	6,843,478	6,843,478	
Total Cash at End of Period	7,880,935	7,130,361	6,829,917	5,397,552	6,816,883	6,027,105	8,309,112	9,981,295	9,905,309	10,904,266	11,436,370	10,798,569	
Average Days of Cash on Hand													
	58.8	52.3	45.5	40.0	36.5								
Days of Cash on Hand at End of Month													
	54.6	50.1	47.3	35.3	45.1	41.0	56.5	67.9	67.4	74.2	77.8	73.5	